DOCUMENT RESUME

ED 399 355 CE 072 371

TITLE	Child Safety: A Healthy Start. Teacher's Guide. Health Promotion for Adult Literacy Students: An Empowering Approach.
INSTITUTION	Hudson River Center for Program Development, Glenmont, NY.
SPONS AGENCY	New York State Education Dept., Albany. Office of Workplace Preparation and Continuing Education.
PUB DATE	[96]
NOTE	87p.; For other documents in this series, see ED 362 757-763.
PUB TYPE	Guides - Classroom Use - Teaching Guides (For Teacher) (052)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	Acquired Immune Deficiency Syndrome; Adult Basic Education; *Adult Literacy; Adult Students; *Child Health; Diseases; *Empowerment; Fire Protection; First Aid; *Health Promotion; Individual Development; Integrated Curriculum; Learning Modules; *Literacy Education; Prevention; Safety; *Safety Education; Sexual Abuse; State Programs
IDENTIFIERS	New York

ABSTRACT

This guide is intended to help adult literacy teachers in New York present a learning module in which an empowering approach is used to provide adult students with information about child-rearing and prevention techniques to keep their children safe. The first half of the guide consists of reading materials concerning the following: home and road safety; fires/burns; water safety; poisons; recreation/sports; first aid; general health (fever, common childhood diseases, vaccinations, healthy teeth, head lice, smoking); dangers in society (substance abuse, sexual abuse, sexually transmitted diseases and HIV/AIDS, child abuse and neglect); and stages of development. The remaining half of the book contains six sample lesson plans and six handouts dealing with the following topics: planning escapes in cases of fire/other emergencies; making lists of emergency phone numbers; childproofing a home; evaluating the safety of day care arrangements; making a memory book; and feeling safe. Each sample lesson plan contains some/all of the following: goal, outcome objective, list of required instructional materials; and one or more learning activities. Concluding the guide are lists of 15 New York organizations/agencies and 9 print resources concerned with child safety and a 52-item bibliography. Appended is a list of New York regional poison control centers. (MN)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 399 355

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

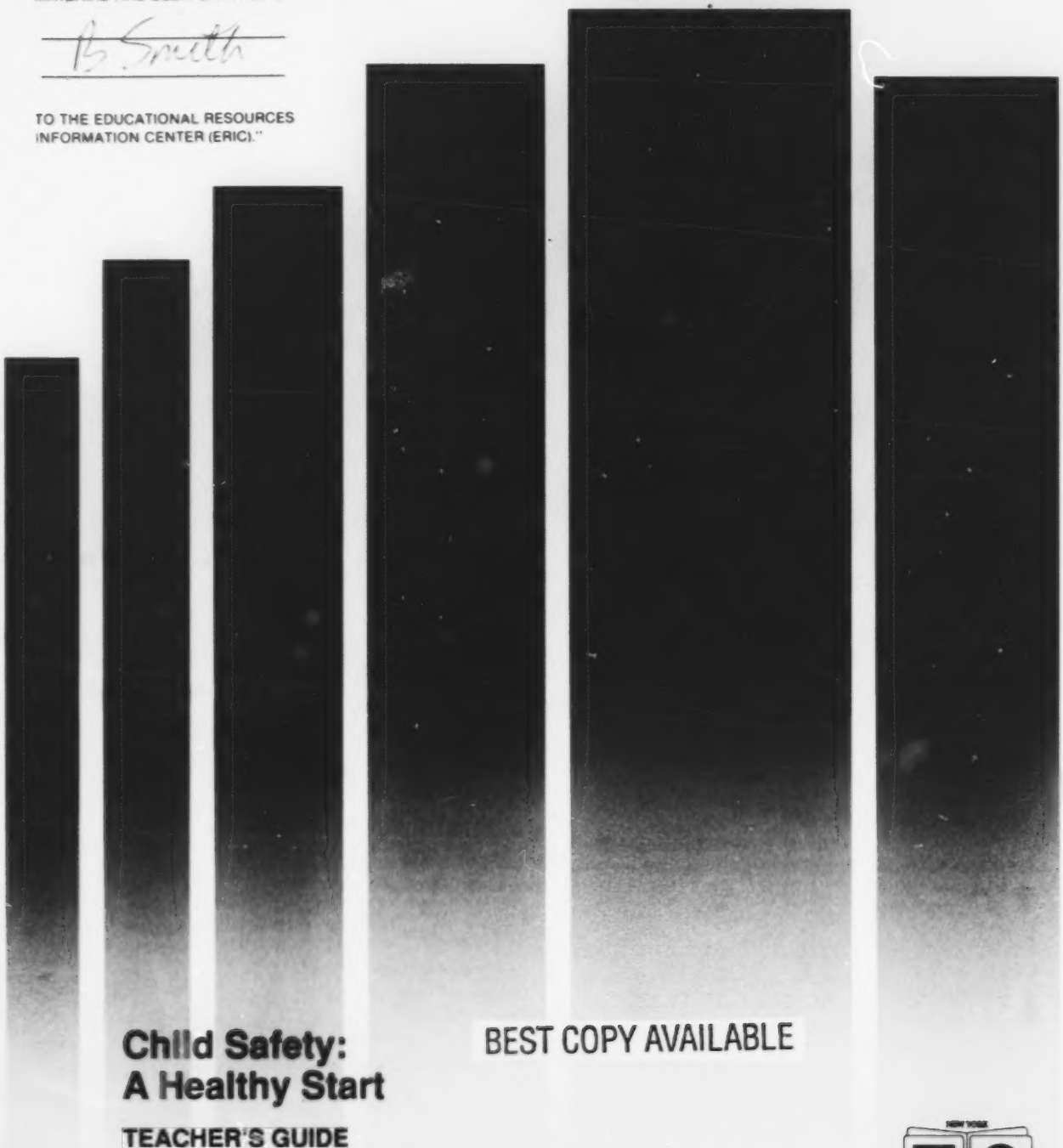
"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

B. Smith

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

HEALTH PROMOTION FOR ADULT LITERACY STUDENTS

An Empowering Approach



Child Safety: A Healthy Start

TEACHER'S GUIDE

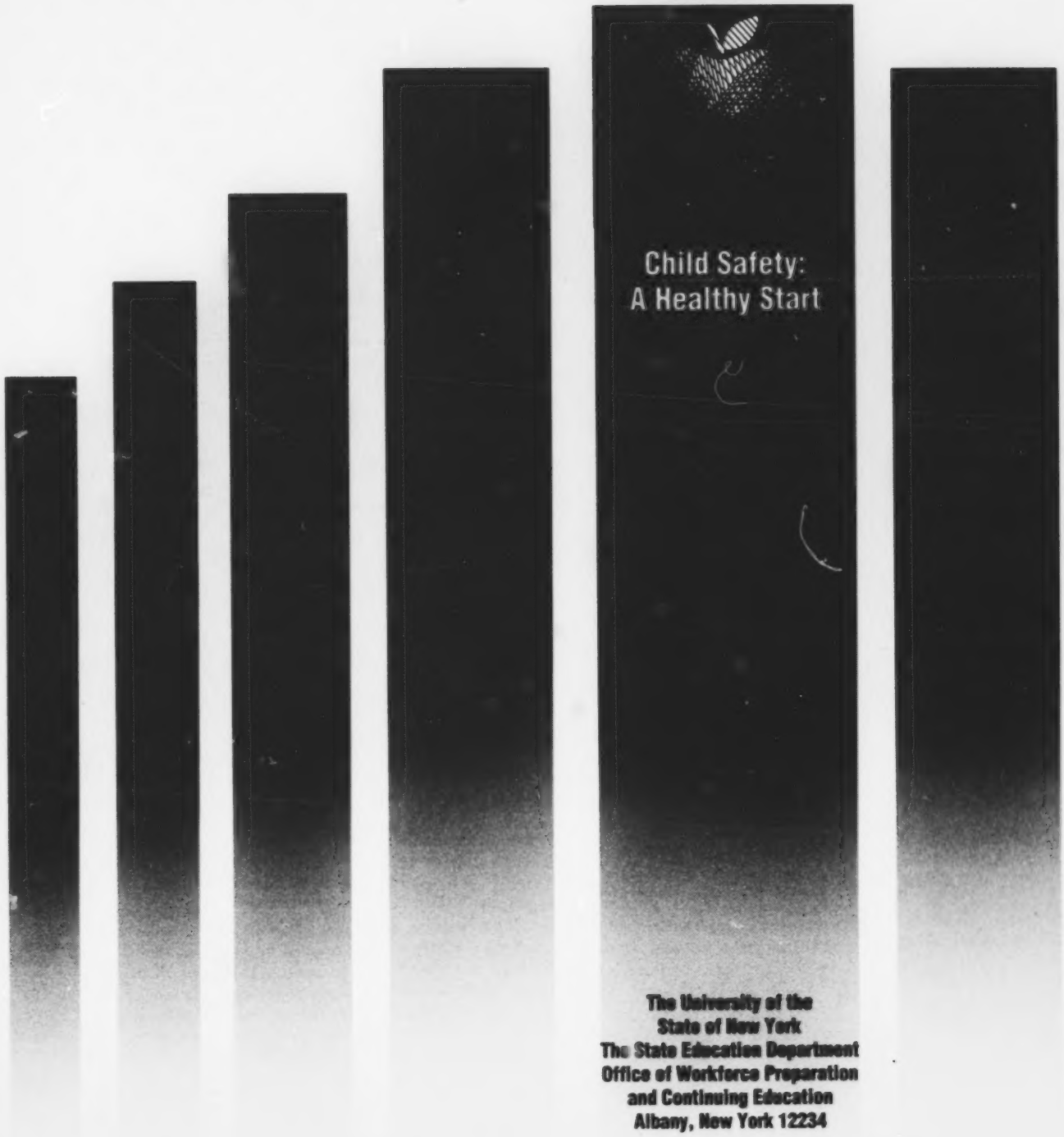
BEST COPY AVAILABLE

The University of the State of New York • The State Education Department
Office of Workforce Preparation and Continuing Education • Albany, New York 12234

CE 072 311

HEALTH PROMOTION FOR ADULT LITERACY STUDENTS

An Empowering Approach.



The University of the State of New York
The State Education Department
Office of Workforce Preparation and Continuing Education
Albany, New York 12234

THE UNIVERSITY OF THE STATE OF NEW YORK

Regents of The University

CARL T. HAYDEN, *Chancellor*, A.B., J.D.	Elmira
LOUISE P. MATTEONI, *Vice Chancellor*, B.A., M.A., Ph.D.	Bayside
JORGE L. BATISTA, B.A., J.D.	Bronx
J. EDWARD MEYER, B.A., LL.B.	Chappaqua
R. CARLOS CARBALLADA, *Chancellor Emeritus*, B.S.	Rochester
NORMA GLUCK, B.A., M.S.W.	New York
ADELAIDE L. SANFORD, B.A., M.A., P.D.	Hollis
WALTER COOPER, B.A., Ph.D.	Rochester
DIANE O'NEILL MCGIVERN, B.S.N., M.A., Ph.D.	Staten Island
SAUL B. COHEN, B.A., M.A., Ph.D.	New Rochelle
JAMES C. DAWSON, A.A., B.A., M.S., Ph.D.	Peru
ROBERT M. BENNETT, B.A., M.S.	Tonawanda
ROBERT M. JOHNSON, B.S., J.D.	Lloyd Harbor
PETER M. PRYOR, B.A., LL.B., J.D., LL.D.	Albany
ANTHONY S. BOTTAR, B.A., J.D.	Syracuse
MERRYL H. TISCH, B.A., M.A.	New York

President of The University and Commissioner of Education
RICHARD P. MILLS

Executive Deputy Commissioner of Education
THOMAS E. SHELDON

The State Education Department does not discriminate on the basis of age, color, religion, creed, disability, marital status, veteran status, national origin, race, gender or sexual orientation in its educational programs, services and activities. Portions of this publication can be made available in a variety of formats, including braille, large print or audio tape, upon request. Inquiries concerning this policy of nondiscrimination should be directed to the Department's Office for Diversity, Ethics, and Access, Room 152, Education Building, Albany, NY 12234. Requests for additional copies of this publication may be made by contacting the Publications Sales Desk, Room 309, Education Building, Albany, NY 12234.

Child Safety: A Healthy Start

The information and skills presented in this publication are based on the most current information, research, and recommendations of reliable sources. The New York State Education Department, the Hudson River Center for Program Development, Inc., and the authors, however, make no guarantee as to the correctness or completeness of such information that may be required under certain circumstances, and assume no responsibility therefore. Further, it is recommended that students follow specified protocol given by recognized professionals when a difference is found with material in this publication and procedures obtained elsewhere.

ACKNOWLEDGMENTS

There are many people to whom I owe an expression of appreciation. First, Carol Jabonaski has been supportive from the beginning of this series, with this module being no exception. Barbara Smith contributed very helpful suggestions during the module's development. Kay Peavey deserves special recognition for her role in overseeing the entire development process, including editing and content suggestions. Colleen Dowd not only contributed content ideas, but also supervised the publication of this document.

I would also like to thank the New York State Department of Health, specifically, the Injury Control Program and the Disability Prevention Program for their willingness to review this document for accuracy. The American Red Cross also proved helpful in its review of the document. Marc Strauss graciously provided his expertise on child abuse and neglect. Our appreciation also goes to our readers – teachers and students from adult literacy programs – who unfailingly offer their expert insight.

Finally, special thanks and love to my son Clark, who is a constant reminder of the joy *and* responsibility of parenthood.

Robin Granger Rischbieter
Hudson River Center for Program Development, Inc.
102 Mosher Road
Glenmont, NY 12077
(518) 432 – 4005 (fax) 427 – 9718

(Funds provided by The University of the State of New York, The State Education Department, Office of Workforce Preparation and Continuing Education, under Section 353 of the Adult Education Act)

CONTENTS

Introduction 1

Goals and Objectives 1

Safety Begins at Home 2
- Childproofing 2

Safety On The Road 6
- In The Car 6
- Pedestrian Traffic 7
- Bicycle Safety 7

Fires and Burns 9

Water Safety 11

Poisons 12
- Poisonous Plants 13
- Lead Poisoning 14

Recreation and Sports 15

First Aid in Case of Injury 16
- Who to Call and What to Say 16
- First-Aid Supplies 16
- Principles of First Aid 17

General Health 18
- Fever 18
- Common Childhood Diseases 18
- Vaccinations 24
- Healthy Teeth 25
- Head Lice 25
- Smoking 26

Dangers in Society 27
- Substance Abuse 27
- Sexual Abuse 29
- Sexually Transmitted Diseases and HIV/AIDS 30
- Child Abuse and Neglect 31

Stages of Development 33
Before You Get Pregnant 33
Newborns 35
Toddlers 36
Preschoolers 37
Gradeschoolers 37
Preteens 37
Teenagers 38

Sample Lessons 39

Handouts 51

Resources 75

Bibliography 77

Appendix A: Regional Poison Control Centers 81

CHILD SAFETY: A HEALTHY START

INTRODUCTION

If you've ever spent time caring for a child, you know how special and precious children are. You may, also, have discovered that children's hands can be quicker than your eyes! We all want to be good and responsible parents. Keeping children safe takes good sense, thinking ahead, and above all, *watching*. Safety is something families can learn together so children will be safety-conscious. Our children will then feel self-confident and in control as they approach adulthood.

Former Surgeon General C. Everett Koop once said, "Most injuries to people . . . and nearly all injuries to children can be predicted and prevented." As we all know, it sometimes takes only a split-second for a tragedy to occur. As adults, we are role models by which children define themselves. They want to be like us in every way, and will mirror everything we do. We can't change or teach young children quickly enough to prevent them from hurting themselves, so we must change *ourselves* — our thinking, our actions, our surroundings, and the examples we set — to give our children a healthy start and to empower them to stay safe throughout their lives.

The most basic safety steps to remember are:

1. **Remove all hazards from your child's reach.**
2. **Never leave your children alone — watch them carefully.**

As they're our delight, children are also our serious responsibility. As parents, we must learn to protect our children from injuries, illness, mistreatment, and today's unbelievably common dangers of drugs, alcohol, and even AIDS.

This module will outline preventive safety measures for home, car, day care, school, and bikes. It will also discuss keeping children well through proper nutrition and vaccinations, and how to perform first aid if someone should become injured. In addition, we will discuss the dangers of substance and sexual abuse.

GOALS AND OBJECTIVES

The goal of this guide is to provide adult students with information about child-rearing and prevention techniques to keep their children safe. Upon completion of this module, learners will:

1. Be able to identify and avert potential injury hazards in- and outside the home.
2. Be alert to safety issues in the car, on the road, and in school or day-care situations.
3. Grasp the dangers of substance abuse, sexual abuse, and HIV to children today.
4. Know the signs, symptoms, and forms of action for 10 common childhood diseases.
5. Identify first aid procedures for possible injury and sources of assistance during emergencies.
6. Understand stages of child development from pregnancy through the adolescent years.

SAFETY BEGINS AT HOME

The first step to keeping children safe is to safeguard your home. This means making sure your home is not only secure from intruders, but also, from any injuries your children can cause themselves.

Childproofing

Most of us are familiar with the terms "baby–proofing" or "child–proofing." This includes removing small items children could choke on; taking steps to prevent burns, drowning, and falls; moving cleaners, other toxic substances, and poisonous plants out of reach; guarding against sharp objects which could cut; installing safety locks on drawers, cabinets, and doors; and removing or securely locking up potentially dangerous weapons such as guns and ammunition.

Use this checklist to childproof your home:[1]

In the kitchen:

- ❑ Extension cords and appliance cords are kept away from the sink and stove.
- ❑ During cooking, pot handles are turned toward the back of the stove. Hot liquids (coffee cups!) are kept out of children's reach.
- ❑ Food treats or other items attractive to children are not kept over the stove.
- ❑ Knives and sharp objects are kept out of children's reach.
- ❑ Cleaning supplies are stored separately from food, kept beyond children's reach, or in cabinets secured with child safety latches or locks.
- ❑ Cleaners are purchased in child–resistant packaging whenever possible, and are not transferred to other containers. Nonfood items, such as cleaners or bleach, are never stored in food containers. Be careful not to become distracted while using cleaning supplies and forget to put them away.
- ❑ High chair is stable, with a wide base and a tray that locks securely.
- ❑ Direct, even lighting is available over the stove, sink, and counters – especially where food is sliced and cut.
- ❑ The doors of unused refrigerators and freezers are removed.
- ❑ For reaching high shelves, there is a stable stepstool with a handrail to grasp.
- ❑ Loose, flowing clothing is never worn during cooking.

In the bathroom:

- ❑ Hot water temperature is set at 110–120 degrees Fahrenheit or lower.
- ❑ Small electrical appliances, such as hair dryers, shavers, curling irons, or radios, are never used near water, in sinks or tubs, and are unplugged when not in use.
- ❑ All medicines are clearly marked and stored in the container in which they came.
- ❑ All medicine bottles have child–resistant caps.
- ❑ Medicines and vitamins are stored beyond children's reach, and are disposed of properly when outdated.
- ❑ When bathing, children are always watched by an adult.
- ❑ Bathtubs and showers are equipped with grab bars and nonskid mats.
- ❑ A light switch is located near the entrance to the bathroom.

In the bedroom:

- ❑ No one in the house ever smokes in bed!
- ❑ Fire sources, such as ash trays, smoking materials, heaters, hot plates, teapots, etc., are kept well away from beds and bedding.
- ❑ Electric blankets are not covered or folded. ("Tucking in" an electric blanket can cause heat buildup and start a fire.)

[1] Compiled from *Home Safe Home: A Home Safety Checklist*, NYS Department of Health; "Make Your Home a Safe Place," Maine Statewide AHEC System; *The Safe, Self-Confident Child*, New Readers Press; *What to Expect When You're Expecting* and *What to Expect the First Year*, Eisenberg, Murkoff, & Hathaway.

- ❑ Night lights have covers so children don't burn themselves on hot bulbs.
- ❑ Lamps or light switches are within the reach of each bed.
- ❑ There is a telephone next to the bed.

In the nursery:

- ❑ The crib has slats 2 3/8 inches (or less) apart.
- ❑ The crib mattress fits snugly (no more than a two–finger gap between mattress and railing).
- ❑ The crib mattress is adjusted to the lowest position so children can't climb out and fall. When children reach 35 inches tall, it's time to move them to a youth bed that is low to the floor. Babies should sleep on firm, flat mattresses, not on soft surfaces such as beanbag cushions, fluffy blankets, stuffed animals, pillows, waterbeds, and comforters.
- ❑ The toy chest has a lightweight lid, no lid, or a safe closing hinge, so that children can't be trapped inside, their fingers won't get slammed, and they won't be struck on the back of the head by the lid.
- ❑ Changing table and other high surfaces (i.e., bed) have safety straps to prevent falls. (Never leave infants alone on a changing table, counter, bed, sofa, or chair.)
- ❑ Cribs are positioned away from drapery cords or venetian blind cords to prevent strangulation.

Throughout the house:

- ❑ Emergency numbers are posted on or near each telephone.
- ❑ At least one telephone is located where it would be accessible in the event of an injury which leaves the resident unable to stand.
- ❑ Poisons and medicines are locked up. The Poison Control Center's toll–free telephone number is posted near the telephone.
- ❑ All plants are kept out of children's reach as some plants are very poisonous. (See page 13 for a list of poisonous plants commonly found in homes and yards.)
- ❑ There are no loose paint chips (which toddlers might swallow) around the house.
- ❑ Painted surfaces are lead–free. If you aren't sure about your home, contact your local health department to find out where you can have your paint tested. Have your paint tested before sanding, stripping, or scraping, which could release poisonous dust and fumes.
- ❑ Small items (such as safety pins, hard candy, coins, thimbles, marbles, camera batteries, buttons, toys with pieces smaller than 1 3/8 inches, etc.) and foods that could choke a child are kept out of reach. *A good measurement:* if small pieces are able to pass through a cardboard tube from a paper towel or toilet paper roll, they are too small and may choke a child.
- ❑ Pocketbooks with potentially dangerous items, such as vitamins, birth control pills, cigarettes, matches and lighters, jewelry, and calculators (which contain easy–to–swallow poisonous batteries) are kept out of children's reach.
- ❑ Knobs on cabinets or drawers are tightened so children can't pull them off and put them into their mouth.
- ❑ Drawers and doors are secured with safety locks so children can't get to items that may harm them.
- ❑ Sharp items, such as scissors, knives, letter openers, needles, pins, and toys with sharp edges, are kept out of reach of children. Razors are not left in the bathtub.
- ❑ Children are not allowed to play with plastic bags, plastic wrap, or unblown balloons — they could suffocate. Tie knots in plastic bags before throwing them away to prevent children from finding and putting them over their heads.
- ❑ Sharp or heavy tools are kept out of reach of children.
- ❑ Cords to blinds or curtains are tied up so children can't get caught and strangled.
- ❑ Bookcases and dressers are bolted to the wall so children can't pull them over on top of themselves. Drawers are pushed in so children can't climb in. Bookends or other heavy items are removed so that they don't fall on children.

- ❑ Glass tables are removed or covered with heavy pads so children can't bang on them and break them.
- ❑ Sharp edges and table corners are covered with cushioned strips or special guards.
- ❑ Chairs are pushed in so children aren't tempted to climb.
- ❑ Barriers are in place around fireplaces, woodstoves, radiators, heaters, and furnaces. Children are never left alone near a woodstove or fireplace.
- ❑ Access to windows is blocked, and windows have secure screens or window guards.
- ❑ All stairs, protective walls, railings, porches, and balconies are sturdy and in good repair.
- ❑ Locks are removed from doors so children can't accidentally lock themselves in.
- ❑ Small rugs and runners are tacked down or slip–resistant. Never place one at the top of the stairs.
- ❑ Loose linoleum or carpet are tacked down so children don't trip and fall.
- ❑ All high–traffic areas, such as hallways and passageways between rooms, are well lighted and free of obstructions, such as furniture and boxes.
- ❑ To avoid tripping, floors are free of clutter. Spills are cleaned up immediately to avoid slipping.

Electrical safety:

- ❑ Plastic "shock–stop" outlet plugs are in place in all unused electrical outlets.
- ❑ All outlets and switches have cover plates.
- ❑ All electrical and telephone cords are placed out of the flow of traffic.
- ❑ Cords do not run beneath furniture or rugs.
- ❑ Wiring is not nailed or stapled to walls or baseboards.
- ❑ Electrical cords are not frayed or cracked. Electrical cords are out of the reach of small children.
- ❑ Extension cords are never overloaded, and the wattage ratings of cords are correct for appliances.
- ❑ Ground Fault Interrupters (GFI) power strips are used for multiple outlets instead of extension cords.
- ❑ Light bulbs are appropriate sizes and types for the lamps and fixtures.
- ❑ All light fixtures have bulbs in them.
- ❑ Electrical space heaters are properly grounded, and are connected directly to wall outlets.
- ❑ If fuses are used, they are always the correct size for the circuit.

Fire safety: See pages 9 – 10.

In the basement or garage:

- ❑ Latches control access to the garage and basement, areas in which many dangerous items are often stored.
- ❑ Containers of volatile liquids, such as paints and cleaning solvents, are tightly capped. Such containers are stored away from, and never used near, ignition sources such as furnaces and water heaters. Gasoline is stored in an approved container, and is never stored in the home!
- ❑ Power tools have guards in place and are properly grounded.
- ❑ Work areas are well lighted.
- ❑ Lights can be turned on without walking through a dark area.

On the stairs:

- ❑ Gates are used at the top and bottom of stairs.
- ❑ Sturdy handrails are fastened securely on both sides of the stairway, and these handrails run continuously from the top to the bottom of the flight of stairs. Bannister slats should be 2 3/8 inches (or less) apart.
- ❑ Stairs are well lighted, and there is a light switch at both the top and bottom of staircases.
- ❑ Steps allow firm footing (no worn treads or loose carpeting), are even, and of the same size and height.
- ❑ The edges of the steps are easy to see.
- ❑ Nothing is ever stored on the stairway, even temporarily.

Firearm safety:

- ❑ Keep guns in locked drawers of cabinets; keep keys to the lock out of children's reach.
- ❑ Store guns unloaded or disassembled.
- ❑ Keep ammunition in a separate, locked place.
- ❑ Attend a firearm safety course.
- ❑ Use a trigger lock.

Many injuries occur at home when parents are preoccupied or distracted. One way to decrease preoccupation is to decrease the stress in your life. Stress results from feeling a lack of control. Think about your most stressful time of day: in the morning before work or school? When you're trying to cook a meal? Be alert to possible injuries during these times and make extra time for yourself *and* your children. In addition to unintentional injuries, accumulated stress may cause parents to abuse or do harm to their children. Anyone overwhelmed by stress, frustration, or anger who might act out on children should seek professional help immediately.

To help relieve some of your normal, everyday stress, try engaging in something active such as dancing or exercising; something relaxing such as taking a warm bath or nap; or something fun such as listening to music or laughing at your favorite comedian. Also, use extra caution in an unfamiliar place or in a new routine, when stress levels will naturally be higher. Children are also more likely to get hurt when *they* are tired or hungry and not paying attention to risks.

Give your children the extra attention they crave — read a book together, go for a walk, give extra hugs, or just talk about the day. If you have several young children close in age to each other, you may be able to think of a fun group activity or help your children entertain each other. Another alternative would be to enlist the help of your partner, friend, or relative to help you provide the extra attention each child needs and deserves.

Although it's easy to become distracted and think children will be OK for just a second, you must *never* leave children alone in a room unless they are in playpens or cribs. Even then, only leave them for a few minutes at a time, unless they are sleeping. It's a good idea to use a baby monitor so you will hear if your child wakes up or needs attention. Don't leave an infant alone with a preschooler or pet. Preschoolers don't know their own strength and don't understand the consequences of what they do. We often think that pets will protect our children but they may also injure them, especially when youngsters pull tails or don't understand how to treat animals gently. *Under no circumstances* should you ever leave your child alone in your home.

The three top causes of death among children over one year of age are motor vehicles, fire and burns, and drowning.[2] This module will explain how to reduce these risks, as well as how to protect children from two other common dangers: poisoning and recreation/sports injuries. Although prevention is the best medicine, injuries do happen, so it's important to know basic first-aid. To that end, basic first aid techniques are included in this document as well.

[2] *The New York Times*, August 27, 1993.

SAFETY ON THE ROAD

You have the most control in keeping your children safe when they are in your own home. However, you can't always keep them under your watchful eye. Therefore, you must be aware of safety issues outside of the home, such as while riding in your car. You can teach children safety rules for walking and riding their bikes and playing sports. You might want to share your child proof checklist with your babysitter, day–care facility, or school to help secure the safety of your own children and the children of others.

In the Car

The chief cause of death among children is motor vehicle–related crashes. In automobile crashes, the most common causes of death and injury to children are being thrown into the windshield, dashboard or other part of the car, or against another passenger; being crushed by adults who are not wearing seat belts; or being thrown from the car.[3]

Young children are built differently than adults. Their heads are large compared to the rest of their bodies, and their bones are still soft. Because children are smaller than adults, they are more likely to hit harder, lower areas inside the car when they bounce around in car crashes.

In 1982, New York State passed the Child Safety Seat Law. It requires children to ride in safety seats from birth to age four. Even if you can't afford a safety seat, *do not* go without one. Contact your local Health Department for information on who distributes child safety seats at little or no cost.

There are many different brands and kinds of child safety seats, costing from $20 to $100. Parents may be puzzled by which is the safest and which is the best investment. *The safest seat is the one used* ***correctly every time***[4]

There are a few general precautions regarding securing child safety seats in the car. First, manual lap belts (usually found in the center back seat) are particularly effective in preventing the child seat from pitching forward during a crash. Secondly, the seat belts in the front seats of some newer cars are anchored with stiff parts that force the seatbelt further forward. This type of seatbelt may make a child seat instable during a crash. Finally, any type of motorized shoulder harness that automatically shifts into place is prone to being less safe due to parent error in securing the car seat.[5]

Infant Seats always face the back of the vehicle in a reclined position. The safest place in the car is the middle of the back seat. Do not use an infant seat in the front seat if there is a passenger's airbag, because its inflation could harm the child. You should pad the sides of the car seat for newborns so their heads and necks are supported — either buy special cushions or use rolled towels or blankets. Infants should ride facing backward until they weigh 20 pounds and can sit up well.

You may buy a seat that detaches from a base belted into the car so you can use it as a baby seat or carrier outside the car. Some kinds of infant seats can be converted to toddler seats by switching them to an upright position and turning them to face forward when your baby is big enough.

Toddler Seats face toward the front. Be sure to pull the straps snugly to your child's shoulders. Toddlers may ride in these seats until they weigh 40 pounds and are 40 inches tall. Locking clips may be needed with certain seat belt systems.

Booster Seats also face forward and may be used for children who weigh 30 to 60 pounds. The safest type is that which uses the car's shoulder strap. The waist shield should touch your child's hips to keep him/her from sliding out during a crash.

Here is a checklist of general precautions for child safety seats:[6]

- ❑ Be sure your child's safety seat was manufactured after January 1, 1981, and meets Federal safety standards.
- ❑ Read and follow all manufacturer's instructions included with your safety seat.

[3] Maine Statewide AHEC System, "Using Child Safety Seats the Right Way," p. 1.
[4] "Using Child Safety Seats the Right Way," p. 2.
[5] Mooar, *Albany Times Union*, Dec. 1994, p. A5.
[6] Compiled from "Using Child Safety Seats the Right Way" and *What to Expect the First Year*.

- ❑ Never use a safety seat which has already been involved in a car crash.
- ❑ If your car has a free–sliding buckle, be sure to lock it in place with the metal clip provided with your safety seat. If you do not have a metal clip, you should be able to purchase one at a baby products supply store.
- ❑ Put your child where you can see him/her. The safest place for your child to ride is in the middle of the back seat. If the driver is alone, the baby may be moved to the middle of the front seat. Putting your baby on either side of the car leaves him/her unprotected if someone hits your car on the side.
- ❑ If you want your young children to have toys in the car, attach them to the seat with a very short strap. This prevents children from leaning down to retrieve a dropped toy, and possibly hurting themselves in the process.

In New York State, seat belts are required for anyone sitting in the front seat of a vehicle and for children, under 10 years–old, seated in the back seat of a vehicle. For maximum safety, hook lap belts low and snug over hip bones and shoulder belts over the chest, not over the neck.

Pedestrian Traffic

You can help protect your children while they are in the car by effectively using safety seats, but how can you protect them from other drivers while they're walking? Here are some general guidelines based on the age of the children:

When walking with a baby in a carriage or stroller, never put the carriage or stroller in front of you at an intersection. Keep the stroller beside you, well out of the path of traffic.

Children under age five should never walk or cross the street by themselves. Young children should hold the hands of the adults accompanying them when crossing streets.

Children age five and over (depending on the maturity of the child) can be taught simple safety habits to cut down on their risk of being injured or killed by a passing motor vehicle. Here are some rules:

- ✔ Always walk facing traffic.
- ✔ Always use sidewalks. If there are no sidewalks, walk far to the side on the left, facing traffic.
- ✔ To cross the street: stop at the curb and look left, then right, then left again. Be sure no cars are coming before starting to cross and keep looking back and forth while you are crossing.
- ✔ Use crosswalks, "Walk" lights, and obey crossing guards.
- ✔ If walking at dusk or after dark, carry lighted flashlights. Outerwear should be made more visible by reflective tape (available at hardware or sporting goods stores).

One of the best ways to protect children when they are walking is to make them aware of the danger of automobiles. Children often mistakenly think that if they can see drivers, drivers can see them. Children may also think that cars can stop right away. If you can't walk with your children, be sure they are alert and careful and that they choose safe routes. When your children are alone or become separated from a trusted adult, they should know what to do if approached by a stranger. Kidnapping is a risk for children in any public space (such as malls, parks, grocery stores) and even when walking alone on secluded roads.

Bicycle Safety

Research shows that safety helmets reduce a bicyclist's risk of head injury by 85 percent.[7] As of June 1, 1994, New York State law requires all children between the ages of 1 and 13 to wear approved bicycle helmets when riding bicycles. Parents of children riding bicycles without helmets may be fined up to $50.

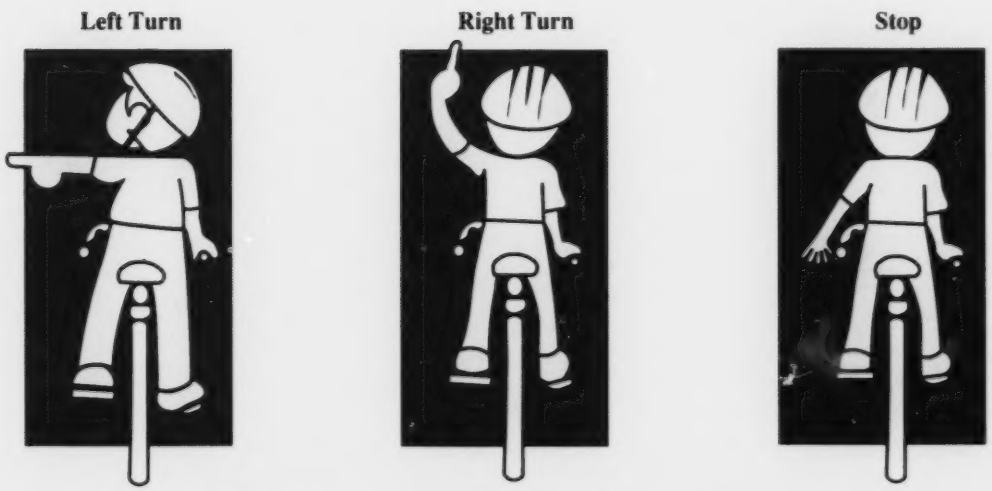
Helmets should be worn snugly and comfortably over the top of the forehead. They should be approved by either the Snell Memorial Foundation, American National Standards Institute (ANSI), or American Society for Testing of Materials (ASTM).

[7] Thompson, et al., *The New England Journal of Medicine*, May 25, 1989, p. 1365.

The sign or seal of approval is found on either the helmet itself or on the box in which it is packaged. If you cannot afford a helmet, contact the NY State Injury Control Department at (518) 473–1143 for information regarding the availability of low–cost helmets.

Remember, no one is exempt from being a victim of a head injury. All bicyclists should wear approved bicycle helmets when riding. Parents and siblings should set an example by wearing helmets when they ride. Besides wearing helmets and keeping bicycles in good repair (with adequate brakes and reflectors and a working light for nighttime riding), teach your child these other steps to stay safe:

- ❑ Don't ride in the road. Children under age 10 should ride only on sidewalks, driveways, or other off–road pathways.
- ❑ Ride at the side of the road going with the flow of traffic. That means riding on the right side of the road going the same direction as cars. Look and let cars pass before turning.
- ❑ As when walking, stop and look first left, then right, then left again to be sure no cars are coming before going into the road. Get off and walk the bike through intersections.
- ❑ Know and obey traffic signs: Stop, Yield, and traffic lights.
- ❑ Ride one to a bike.
- ❑ Use a horn or bell.
- ❑ Learn hand signals to let cars know what you are doing:



Hand signals your child should know when riding a bicycle.

FIRES AND BURNS

Fire and burns are the second most common cause of death in children because they can't always escape fire and smoke inhalation. Most home fires happen between 8 p.m. and 8 a.m. and are caused by heating problems. Cooking mishaps and electrical problems are the next two most common causes of home fires.

Studies show that smoke detectors reduce the potential of death in 86 percent of fires, and the potential of severe injuries in 88 percent of fires.[8] New York State law requires *all* homes to have smoke detectors, either "hard–wired" or battery–operated. If you install the latter of the two, be sure to test the batteries every month and to replace the batteries every six months to a year. *All* smoke detectors should be checked twice a year to be sure they're working properly. If you can't afford a smoke detector, contact your local fire department for information on who may distribute smoke detectors at no cost. There should be at least one smoke detector properly installed on every floor of the house.

It's extremely important to teach children about fire safety so that they can keep themselves from being burned in a fire. Besides teaching your children what the smoke detector sounds like and what to do if they hear it, you can also protect your family by:[9]

- ✔ Planning at least two emergency escape routes and holding fire drills to practice leaving the house quickly.
- ✔ Dressing children in flame–retardant sleepwear and caring for it properly. Be sure there are no sashes or trim to trip on.
- ✔ Setting up a meeting place outside. Teach children to go outside to the meeting place if they smell smoke.
- ✔ Showing children how to feel doors for heat and how to cover their noses and mouths while crawling to avoid smoke. Impress upon them that they should never go back into a burning building!
- ✔ Teaching children how to "stop, drop, and roll" to put out flames if clothes catch on fire.
- ✔ Teaching older children how to safely use heating devices such as heaters, irons, or stoves to avoid starting fires. Iron clothes when young children aren't around so they can't pull the iron down on top of themselves.
- ✔ Storing matches and lighters out of reach of children.
- ✔ Safely disposing of matches, lighters, and butts.
- ✔ Keeping ash trays out of reach so children can't touch hot cigarettes or eat ashes.
- ✔ Using space heaters in compliance with local fire ordinances and according to the manufacturer's instructions for safe installation, operation, and maintenance.
- ✔ Placing small heaters and stoves where they can't be tipped over and are away from furnishings and flammable materials, such as curtains and rugs. Small children should not have access to heaters.
- ✔ Keeping a working fire extinguisher handy. Teach children how to use it.
- ✔ Securing towels, curtains, bedding, and other flammable materials away from heaters, stoves, and fireplaces.
- ✔ Avoiding the use of extension cords. Children may pull or chew on them, which can cause shocks or electrical fires.
- ✔ Placing "Tot Finder" or "People Protector" stickers in windows of bedrooms occupied by children, the elderly, or the handicapped.
- ✔ Inspecting and cleaning chimneys every year.
- ✔ Inspecting woodburning equipment periodically and keeping it inaccessible to small children.
- ✔ Forbidding children to play with fireworks.

Hot water or other liquids may also cause severe burns. In fact, scalds from hot liquids and beverages or their containers are the leading serious, nonfatal

[8] New York State Department of Health, Injury Control Program. *Injury Prevention: Burns Due to Flames*, p. 3.

[9] Compiled from *Injury Prevention: Burns Due to Flames* and *What to Expect the First Year*.

burn injury to children ages 0–4.[10] A child exposed for just three seconds to water at 145°F can sustain a third–degree burn, which would require hospitalization and skin grafts.[11] The chart below shows how long it takes for hot water at various temperatures to cause a third–degree burn. Thermometers for testing water temperature can usually be found in hardware or home stores.

155°F	1 second
150°F	2 seconds
145°F	3 seconds
140°F	5 seconds
135°F	10 seconds
130°F	30 seconds
125°F	2 minutes
120°F	5 minutes

Reproduced from *Injury Prevention: Burns Due to Hot Liquids*

Burns from hot liquids can cause extreme pain and permanent scarring. Babies and toddlers are often burned in too–hot bath water or when they reach for things and pull hot dishes on top of themselves. These types of burns often affect children's face or hands. Here are some ways to prevent them:

- ✔ Set your hot water heater at a low temperature such as 120° to 125°.
- ✔ When running bath water, draw cold water first and add hot until it is warm enough. Turn off hot water, then cold. Keep children away from hot faucets.
- ✔ Always check bath water temperature with your elbow (your hands are less sensitive to heat) before putting your child in.
- ✔ Try to use the back burners on the stove as much as possible, and turn pot handles toward the inside so children can't grab them and spill hot liquids on themselves. Store tempting items like candy or treats away from the stove.
- ✔ Use a stove guard on the edge of the stove and knob covers to keep young children from turning on the stove or touching a hot stove. Again, these safety products can be found in hardware or department stores.
- ✔ Do not use placemats or tablecloths. Very young children might pull on them and spill hot food on themselves.
- ✔ Don't hold your child while you are drinking something hot like coffee or tea. Use extra caution when carrying hot items while small children are underfoot.

Sunburn is another form of burn we often take for granted, but which can be quite serious. Children's skin is brand new and particularly sensitive, regardless of skin tone. It can burn easily, so whenever possible, dress children in long sleeves and hats to protect them from harmful ultraviolet rays. If your child is uncovered in the sun, use a sunscreen with SPF (Sun Protection Factor) of no less than 15, being careful to avoid the eye area. Most sunscreens for children have SPF of 30 to 45. If you have a child under six months–old, check with your health professional to be sure sunscreen is appropriate.

[10]New York State Department of Health, Injury Control Program. *Injury Prevention: Burns Due to Hot Liquids*, p.3.
[11]*Injury Prevention: Burns Due to Flames*, p. i.

WATER SAFETY

Drowning, the third leading cause of death in young children,[12] can occur in *less than an inch* of water. Never leave a child alone in the tub or near any water — even a puddle! If you have to leave for just a second, **take your child with you.**

You can help avoid tragedy in the water by following these safety procedures:

- ✔ Never leave a child age five or younger in the tub alone.
- ✔ Don't leave water in the bathtub when it's not being used.
- ✔ Don't leave buckets of cleaning or mop water unattended.
- ✔ Keep toilet seats down and diaper pails closed.
- ✔ Use a Lid Lock on the toilet to keep the lid locked shut. This will prevent babies or toddlers from falling in, from throwing things into the toilet, or from getting fingers or heads slammed in the lid.[13]
- ✔ Don't put a baby's face under water. Babies naturally hold their breath, but still swallow and could take in large amounts of water, creating serious problems.
- ✔ Enclose swimming pools with four–sided child–proof fencing. Self–latching gates should be used to make pools inaccessible to children.
- ✔ Always have an adult in the water watching children swimming.
- ✔ Enforce a rule that children must have "buddies" in the water.
- ✔ Use life jackets for children who can't swim — not floating toys like tubes or water wings. Toys give children a sense of false security and don't do the job of a life preserver. Children in swimming areas should always be watched by a responsible adult.
- ✔ Be sure there are no toys in pools when it is not in use. An unsupervised child may try to reach a toy and fall in.
- ✔ Check the depth of the water and bottom surface for hard objects, especially if children are allowed to dive.
- ✔ Learn mouth–to–mouth resuscitation and be prepared to use it if necessary.
- ✔ Look for organizations in your community, such as schools or town playgrounds, that offer swimming lessons and/or diving instruction. Lessons may be free or at low–cost. Whatever the cost, knowing your children can handle themselves in the water is well worth the investment.

[12] *The Safe, Self-Confident Child*, p. 18.
[13] Lloyd, *Utica Observer Dispatch Sunday*, July 3, 1994, p. 1E.

POISONS

New York State has six regional poison control centers available through toll–free numbers to help in emergency cases of poisoning (See Appendix A). When you call a poison control center, center staff will ask questions to see how bad the poisoning is and then advise you on what to do. Sometimes they recommend you induce vomiting or drink milk; other times you may need to call an ambulance or go to the emergency room. *Never induce vomiting until advised to do so by the Poison Control Center. Be sure the Poison Control Center's telephone number is on your list of emergency numbers by the phone.*

It's most important, however, to *prevent* poisoning from ever happening. The most common medicine–related causes of poisoning deaths in children are from items such as iron supplements, antidepressants, heart and blood pressure medicines, and sleeping pills. Other common causes of poisoning deaths in children are from pesticides, hydrocarbons (gas, kerosene, lamp oil, charcoal lighter fluid), alcohols (windshield washer fluid, brake line antifreeze), and ethylene glycol (radiator antifreeze).[14]

We've already talked about locking up cleaners, medicines, and other poisonous substances in your house and garage. There's always a chance, however, of a visitor unintentionally leaving medication in the bathroom or you visiting a home that isn't child–proofed. Remember, very young children usually put *everything* in their mouths. Don't underestimate your child's ability to *quickly* get at what he/she wants. For these times, it's best to take extra precautions yourself.

Here are some special tips to help you prevent poisoning:

- ✔ Teach your child never to eat or drink anything without asking you or another adult first.
- ✔ Never tell your children that medicine or vitamins are candy. Be honest and tell them that it is medicine to make the bad germs go away and they only need it if they're very sick. Medicines that are helpful during illness can be deadly in larger doses, especially to children.
- ✔ Don't rely on child–resistant packaging alone to protect your child. It is designed to delay exposure to a hazardous substance and give a caregiver time to discover the situation and remove the hazard from the child's reach.[15]
- ✔ Be sure the tamper–resistant packaging is intact when using new medications or foods. If a package is open or mutilated, don't use the product.
- ✔ Never mix any cleaning or other household products together. Adults and children should heed this warning — some combined products, such as bleach and ammonia, give off a lethal gas that can kill quickly.
- ✔ Never touch knobs on a [gas] stove. If your gas stove is not self–igniting, poisonous gas could be unintentionally released.
- ✔ Note that many common household substances, such as perfume, nail polish and artificial nail removers, permanent wave neutralizer, diaper pail deodorizer, shaving lotion, mouthwash, and liquor, can be harmful or fatal to children.
- ✔ Houses built before 1980 may have poisonous lead paint inside and outside.[16] If you aren't sure about your home, contact your local health department to find out where you can have your paint tested. Do this before sanding, stripping, or scraping, which could release poisonous dust and fumes.
- ✔ Post the emergency telephone number of your regional poison control center on your telephone. You can find the number inside the front cover of your local telephone directory.
- ✔ Have syrup of ipecac, (which can be purchased at a drugstore without a prescription) on hand. Syrup of ipecac may be recommended by a poison control center to induce a child to vomit poisonous substances. However, never give syrup of Ipecac unless advised by a poison control center.
- ✔ Warn caregivers, especially grandparents and others who do not have young children living in their home, to keep medicines and household products out of children's reach.
- ✔ Never transfer household products from their original containers to another container, such as a cup or a soda bottle.
- ✔ Keep all medicines in their original, child–resistant packaging, and secure the child–resistant top after each use.

[14]New York State Department of Health, Injury Control Program. *Injury Prevention: Poisoning*, p. 3.

[15]*Injury Prevention: Poisoning*, p. 5.

[16]Blue Ridge Poison Control Center. *For Kid's Sake*, p. 8.

Poisonous Plants

Many house and garden plants are poisonous. As mentioned on the child–proof checklist, over 700 plants can cause illness or death when eaten. Here are lists of poisonous plants you might have in your house or yard:[17]

POISONOUS PLANTS

HOUSE PLANTS	GARDEN PLANTS
Dumb cane	Azalea
English ivy	Rhododendron
Foxglove	Caladium
Holly	Daffodil bulbs
Hyacinth bulbs, leaves, and flowers	Daphne
Hydrangea	English ivy
Iris rootstalk and rhizome	Foxglove
Lily of the valley	Holly
Mistletoe	Hyacinth bulbs, leaves, and flowers
Philodendron	Hydrangea
Poinsettia	Iris rootstalk and rhizome
Jerusalem cherry	Japanese yew seeds and leaves
	Larkspur
	Laurel
	Lily of the valley
	Morning glory seeds
	Narcissus bulbs
	Oleander
	Privet
	Rhubarb leaves
	Sweet peas (especially "peas")
	Tomato plant leaves
	Wisteria pods and seeds
	Yews

Reminder: Call your local Poison Control Center if someone comes into contact with a poisonous plant!

13

[17] *What to Expect The First Year*, p. 301.

Lead Poisoning

In the section on poisoning, we mentioned getting your paint tested for poisonous lead. Lead is especially dangerous to pregnant women and children who are developing because it can hinder IQ and growth, cause damage to the kidneys and hearing, and provoke behavior problems and anemia. Besides being found in older paint, lead can be present in dust, soil, and water that flows through lead pipes.

Lead poisoning usually doesn't show any symptoms except, in some cases, fatigue, crankiness, or stomach ache. The best way to ensure that your children are lead-free is to have their blood tested every year from age six months to six years.[18]

If a blood lead test comes back positive, you may only need to change what your children eat or remind them to wash their hands more often. On the other hand, sometimes very high blood lead levels require drugs to reduce the amount of lead in the body. Contact your local health department for information on where you can have your children tested and what to do if you have a lead problem in your home.

Take these precautions to help prevent your children from getting lead poisoning:

- ❑ Have your paint tested for lead, then get rid of any paint that contains lead. Keep your child away from leaded paint or broken plaster.
- ❑ Mop floors and wipe counters twice a week to pick up lead dust.
- ❑ Wash children's hands and toys often — especially toys that go into the mouth.
- ❑ Use cold water when preparing food for your family. Hot water picks up more lead from pipes. Let water run for at least one full minute before using it so lead that has accumulated while sitting in pipes is flushed out.
- ❑ Don't put canned food in the refrigerator — transfer it to plastic or glass containers.
- ❑ Check to be sure your dishes aren't made with leaded ceramic glaze.
- ❑ Serve and eat foods high in iron and calcium to lower the risks of lead to the body.

[18]New York State Department of Health. *If You Have Children, GET AHEAD OF LEAD!*

RECREATION AND SPORTS

Watching children enjoy the outdoors and become physically active is heartening, especially when television has become such a babysitter these days. However, injuries during sports or recreational activities are the fourth leading cause of brain and spinal cord trauma, so it's vital to take safety precautions.[19] Some of these activities are biking, diving, and skiing, but serious injuries can also result from incidents on the playground.

If any of your children play sports, be sure they have the proper safety equipment such as mouthguards, protective eyewear, helmets, and padding. Don't skimp by buying less expensive, but ineffective equipment — you're really skimping on your children's lives. If you can't afford to buy the proper safety equipment, contact your child's coach or physical education teacher about borrowing or renting some.

One often overlooked danger on a playground, or anywhere a child wears clothing with drawstrings, is a risk of strangling. Any drawstrings in a child's clothes, whether they are in a hood or in the waist of pants, should be replaced with elastic.

Most playground injuries happen because of falls. Children love to climb and often lose their balance. Play may also become rough–and–tumble, causing some children harm due to pushing, shoving, or misusing equipment. Remember what we mentioned before about children not understanding the consequences of their actions, or of the risks they take. Children need constant adult supervision, and also must be taught how to play safely and how to use playground equipment correctly.

Here are some things to look for in a safe play area:[20]

- ❑ Wood chips, shredded rubber, pea gravel (except for infants), or mulch surfaces under playground equipment. Grass, dirt, concrete, and pavement don't have enough "give" in case of falls. Check for broken glass, too.
- ❑ Safe routes for walking and biking.
- ❑ A fence or gate to keep children from running into traffic. Swimming and wading pools, excavations, and ponds should be separated by barriers.
- ❑ A separate play area for younger children so they don't get "run over" by older, rougher children. An area should be designated for running around or playing ball games. All areas should be visible to staff at all times.
- ❑ Areas such as sandboxes for quiet playing far away from active play areas. Sandboxes should be:
- ✔ covered when not in use (to avoid contamination by animal excrement and insects);
- ✔ constructed to permit drainage; and
- ✔ filled with nontoxic material (check lead content).
- ❑ Well–designed equipment so children can't be trapped inside. Crawl spaces should be big enough to allow adults to pass, and equipment should support the weight of an adult.
- ❑ Climbing equipment that's not too high, so children don't have too far to fall. Look for railings on steps. Both climbing equipment and swings should be set in concrete below ground level.
- ❑ Vinyl–coated metal (no rust) or pressure–treated wood (no splinters or deterioration) on playground equipment. There should be no broken or protruding parts, sharp edges, or nails. Any moving part should be shielded or enclosed.

[19]THINK FIRST of New York, Inc. *Partnerships in Prevention*, p. 9.

[20]Adapted from *Injury Prevention: Playground Safety*, New York State Department of Health, Injury Control Program.

FIRST AID IN CASE OF INJURY[21]

At times even the most careful, watchful parent may not be able to prevent an injury. In emergency situations you must know who to call, what to say, and what to do.

Who to Call and What to Say

Dial 911. In most communities, this number will bring an ambulance, the police, or the fire department to your home ***in an emergency***. If you need to call for help, follow these steps:

- ☎ Stay calm.
- ☎ Identify yourself.
- ☎ Tell the dispatcher your exact location, including street address, nearest intersection, and phone number (this should be written out and posted near the phone).
- ☎ Give the number of the phone from which you are calling.
- ☎ Explain what happened, when it happened, and how many victims are involved.
- ☎ Describe the person's condition. Mention if the victim is wearing a medical emergency bracelet.
- ☎ Don't hang up until the dispatcher tells you to.
- ☎ If possible, keep someone by the phone to keep the line clear for any return calls about the victim.
- ☎ If you are in a large building, hold an elevator for the emergency crew.
- ☎ If help does not arrive within five minutes, call again.

If there is no 911 emergency service in your area, consult the list of emergency numbers mentioned earlier in this module or call the operator by dialing "0." Follow the same steps listed above.

First-Aid Supplies

Every household should have a well-stocked first-aid kit easily accessible in case of emergency. You may buy a prepackaged first-aid kit at a pharmacy or make your own. At a minimum, you should have in your first-aid kit items to clean and dress a wound. These might include:

Adhesive Strips (assorted sizes)
Triangular bandage
Bandage compress
Gauze pads (assorted sizes)
Roller gauze (assorted sizes)
Adhesive tape
Oval eye pads
Cotton-tipped swabs
Cotton balls
Absorbent cotton
Soap
Antiseptic wipes
Rubbing alcohol
Disposable gloves
Scissors

For a more comprehensive first-aid kit, consider including these items as well:

Medicine to stop diarrhea, such as activated charcoal
Syrup of Ipecac
Aromatic spirits of ammonia
Anti-motion sickness tablets
Oil of cloves
Acetaminophen
First-aid cream
Sunburn lotion
Calamine lotion
Petroleum jelly
Baking soda
Tongue depressors
Thermometers (oral & rectal)
Measuring cup
Tweezers
Flashlight
Matches
Safety pins
Razor blade
Needles

[21]This section adapted from *First Aid: Helping Yourself, Helping Others*, Hudson River Center for Program Development, Inc.

When putting together your first-aid kit and when administering first aid, remember:

- ❑ Dressings and bandages protect wounds from further injury and infection, but only if they are completely sterile. (Note: Adhesive strips are sterile when sealed within their packaging.) Don't touch a wound with anything that is not sterile.
- ❑ Adhesive should never be put directly on a wound, nor should absorbent cotton be used as a dressing, since removing either may reopen the wound.
- ❑ Avoid coming into contact with bodily fluids, especially blood. If you have cuts on your skin, protect yourself by covering the wound to keep germs from getting in.
- ❑ Wash your hands frequently, especially before and after administering first aid; before eating, drinking, and touching your mouth, nose, and eyes; and after using the bathroom.
- ❑ Medical supplies should be checked regularly for expiration dates. Replace any supplies that are outdated.
- ❑ All medical supplies should be kept out of reach of young children and/or adults who may have memory deficits.

Principles of First Aid

The principles of first aid are the basis for treatment of all injuries. The primary goals in treating an injured person before professional help arrives are:

1. To maintain regular breathing patterns: maintain an open airway and/or administer rescue breathing.*
2. To stop blood loss: use direct pressure or elevation method. *
3. To prevent shock: ask victim to lie down; maintain body temperature of victim.*

Breathing. A victim may suffer serious brain damage after two or three minutes of not breathing, or could die after four to six minutes. It is vital that impaired breathing be treated **immediately.**

* For specific information on how to treat injuries, consult the module in this series *First Aid: Helping Yourself, Helping Others.*

Blood Loss. The loss of more than one pint of blood from any part of the body is extremely serious. Unchecked bleeding can lead to death in **as fast as one minute.**

Shock. The symptoms of shock are rapid, shallow breathing; rapid, weak pulse; nausea and vomiting; shivering; pale, moist skin; confusion; drooping eyelids; dilated pupils; and collapse. Please note that a person may not exhibit all of these symptoms — the degree of shock varies from feeling faint to actually dying. A person in shock must be treated **immediately.**

Choking

Anyone, either child or adult, who cannot talk, cough, or breathe could be choking. Choking occurs when the windpipe is either partially or completely blocked. Besides being unable to talk, cough, or breathe, another sign of someone choking may be clutching the throat with one or both hands.

Someone who is choking but can still breathe and cough forcibly should be encouraged to continue coughing until the object is expelled from the windpipe. If the object still does not come out, you should call for help.

If the victim is unable to breathe, it is essential that you act immediately by administering the Heimlich maneuver. The Heimlich maneuver is a series of quick hard thrusts to the abdomen of the victim. Administering the Heimlich maneuver to a conscious victim is described in detail in the module entitled, *First Aid: Helping Yourself, Helping Others.*

The procedure for assisting a conscious choking infant has been updated since the printing of the *First Aid* module. You should position the baby face down on your forearm so that the baby's head is lower than his/her chest. Give five back blows between the shoulder blades. Turn baby onto his/her back. Give five chest thrusts in the center of the breastbone.

Be aware that the procedure for assisting an unconscious victim whose airway is blocked is different. For more information on choking, you should contact the local chapter of the American Red Cross or other organization providing emergency assistance to your area.

GENERAL HEALTH

We do our best to keep our children healthy, but germs spread like wildfire around schools, day–care facilities, and even supermarkets! This section focuses on some common illnesses to look for, and what to do if your child is sick.

Fever

A fever isn't always bad news. It's just a sign that the body is working to fight off whatever germs have invaded it. Our normal body temperature varies depending on where you place the thermometer when taking the temperature.

> ***Rectal*** (in the rectum) normal reading is 99.6°F.
> ***Oral*** (in the mouth) normal reading is 98.6°F.
> ***Axillary*** (under the arm) normal reading is 97.6°F.

A rectal temperature is the most accurate because it gets the temperature from the body's core.[22] Ask your health professional to show you how to take your child's temperature safely and correctly, including the differences in thermometers.

If your child has a fever, you can help lower it and make him/her comfortable by:[23]

- ✔ Giving lots of fluids. The heat of a fever can dehydrate the body. Let the patient drink as much water or juice or eat popsicles as much as he/she wants.
- ✔ Cooling skin by dressing the patient lightly, taking off heavy blankets, and covering with a sheet. You may also place cool, wet washcloths on forehead, on neck, under arms, etc., or give a lukewarm bath and sponge down the body. Be sure to take the patient out if he/she begins to shiver. *Never leave a child alone in the tub.*
- ✔ Giving acetaminophen (the generic name of the store brand Tylenol©) to the patient. Read the label or ask your health professional or pharmacist for the correct dosage for your child. *Never give a child aspirin.* Be sure to put all medicines out of reach when you are finished.

Call your health professional if your child's fever rises over 100.4°F, if the fever is over 100.4°F with vomiting or diarrhea, if the fever is low (99°–100°F) for more than three days, or if there is an unexplained fever for 24 hours with no other cold or flu symptoms.

Call immediately if any of these symptoms combine with a fever:

Unstoppable crying	Poor breathing
Stiff neck	Inability to swallow
Inability to wake the child	Painful urination

When calling your health professional, be ready to answer the following questions:

? *What's wrong with the child?*
? *How long has the child had the symptoms?*
? *What is the child's temperature?*
? *Does the child have a rash?*
? *Is the child vomiting?*
? *Does the child have diarrhea?*
? *Is the child coughing? Runny nose?*
? *Is the child pulling-or rubbing his/her ears?*
? *Is the child unusually fussy?*
? *Is the child drinking and passing fluids?*
? *How old is the child and how much does the child weigh?*

Common Childhood Diseases

On the next five pages is a chart of 10 common childhood diseases listing symptoms, how long they last, when to call your health professional, how to prevent the diseases, and what complications could come up as a result of them.

[22] *What to Expect The First Year*, p. 429.
[23] Compiled from "Fever in Children Ages 2 and Up" and "My Baby is Sick. What Should I Do?," Maine Statewide AHEC System, and *What to Expect The First Year*.

10 Common Childhood Diseases

DISEASE/SEASON/ SUSCEPTIBILITY	SYMPTOMS NONRASH	SYMPTOMS RASH	CAUSE/TRANSMISSION/ INCUBATION/DURATION	CALL DOCTOR/ TREATMENT/DIET	PREVENTION/ RECURRENCE/ COMPLICATIONS
Chicken Pox (Varicella) **Season**: Late winter and early spring in temperate zones. **Who is susceptible?** Anyone who has never been infected; most people are infected as children.	Slight fever; weakness; loss of appetite. Those on steroids or who are immunocompromised can become seriously ill.	Flat red spots turn into pimples, then blister, crust and scab; new crops continue to develop for 3 to 4 days. Itching is usually intense.	**Cause:** Varicella–zoster virus. **Transmission:** Primarily, person–to–person; also, airborne droplets from respiratory secretions. Very contagious from 1 to 2 days before onset until all lesions scab (about 6 days). **Incubation:** 11 to 20 days, most often 14 to 16 days; longer if child has had VZIG (immune globulin). **Duration**: First vesicles crust in 6 to 8 hours, scab in 24–48; scabs last 5 to 20 days.	**Call** to confirm diagnosis; **call immediately** for high–risk children; **call again** if symptoms of *encephalitis* (see p. 20) appear. Call if nonimmune pregnant woman has been exposed. **Treatment:** Treat itching and fever. Do not give aspirin or other salicylates. At present, routine use of antiviral drugs is recommended only for high–risk children.	**Prevention:** Avoid exposing high–risk children and nonimmune expectant mothers; possibly, VZIG or antiviral drugs for exposed family members. Vaccination for children over 1 year-old. **Recurrence:** Extremely rare; but dormant virus may flare up as shingles in future. **Complications:** Rarely, secondary bacterial infection resulting in *encephalitis*, hepatitis. In pregnant women, slight risk to fetus in first or second trimester; greatly increased risk 5 days before to 2 days after delivery.
Conjunctivitis (Pinkeye) Inflammation of the conjunctiva, or lining of the eye and eyelids. **Season:** Not seasonal **Who is susceptible?** Depends on cause.	Depending on cause, may include: bloodshot eyes; tearing; eye discharge (lids may be crusted after sleep); burning; itching; light sensitivity. Usually begins in one eye, but may spread to the other.	*No rash*	**Cause:** Many, including viruses, bacteria, chlamydia, parasites, fungi, allergens, irritants. **Transmission:** For infectious organisms, eye–hand–eye; towels, bed linens. **Incubation:** Usually brief. **Duration:** Varies with cause: viral, 2 days to 3 weeks (can become chronic); bacterial, about 2 weeks; others, until allergen or irritant is removed.	**Call** to confirm diagnosis; **call again** if condition worsens or does not start to improve with treatment. **Treatment:** Eye soaks; separate bed linens and towels to prevent transmission; eliminate irritants, such as tobacco smoke, when possible; drops or ointment prescribed for bacterial and herpes infections, possibly for viral conjunctivitis (to prevent secondary infection), and to relieve discomfort of allergic reaction.	**Prevention:** Good hygiene (separate towels and bed linens when family member is infected); avoid allergens and irritants. **Recurrence:** Possible; some children are more susceptible and more likely to have recurrences. **Complications:** Blindness (extremely rare, except if caused by gonorrhea); chronic eye inflammation; eye damage from repeated infections.

BEST COPY AVAILABLE

DISEASE/SEASON/ SUSCEPTIBILITY	SYMPTOMS NONRASH	SYMPTOMS RASH	CAUSE/TRANSMISSION/ INCUBATION/DURATION	CALL DOCTOR/ TREATMENT/DIET	PREVENTION/ RECURRENCE/ COMPLICATIONS
Croup (Acute Laryngotracheitis) **Season:** Varies, usually occurs at night. **Who is susceptible?** Young children.	Hoarseness; sharp, barking cough; crowing, wheezing, or grunting sound while inhaling; sometimes trouble breathing.	*No rash*	**Cause:** Usually a virus, most often parainfluenza or adenovirus; occasionally bacteria or inhaled object. **Transmission:** Person to person, contaminated object, or droplet spray. **Incubation:** 2 days, usually follows a cold or flu. **Duration:** Episodes last about 1/2 hour and may recur over several days.	**Call immediately** if steam doesn't bring relief or if child looks blue, has blue lips, or is drooling excessively. **Treatment:** Initial treatment – steam; Follow–up treatment – humidifier.	**Prevention:** Supply humidified air to child with cold or flu. **Complications:** Breathing problems; pneumonia; ear infection about 5 days afterward.
Ear Infection (Otitis Media) **Season:** All year round but much more common in winter. **Who is susceptible?** Babies and young children.	Ear pain (often worse at night); pulling or rubbing ears; tipping head to side; crankiness, fever, fatigue, loss of appetite.	*No rash*	**Cause:** Usually bacteria or viruses; sometimes allergy. **Transmission:** Not direct. **Incubation:** Often follows a cold or the flu. **Duration:** Varies, but treatment is usually given for 10 days.	**Call** as soon as you suspect your child has an earache; **Call again** if symptoms don't clear within 2 days or if child seems worse. **If child doesn't seem to be hearing well,** call again. **Treatment:** Requires medical treatment; do not try to treat on your own. Usually requires antibiotics; sometimes ear drops (only if prescribed); baby acetaminophen. Treatment varies but it usually lasts 10 days.	**Prevention:** Overall good health, rest, regular medical care; breastfeeding for first three months of life; upright feeding position; elevated sleeping position if child has a cold; smoke–free living space. **Complications:** Chronic infections with hearing loss; mastoid infection; *meningitis*, bacteremia, *pneumonia*; brain abscess; facial paralysis.
Encephalitis (inflammation of the brain) **Season:** Depends on cause. **Who is susceptible?** Depends on cause.	Fever; drowsiness; headache. Sometimes: neurological impairment (confusion, altered state of consciousness, muscle weakness); progression to coma at a late stage.	*No rash*	**Cause:** Bacteria or viruses, often as a complication of another disease. **Transmission:** Depends on cause; some viruses transmitted via insects. **Incubation:** Depends on cause. **Duration:** Varies greatly.	**Call immediately or go to the Emergency Room** if you suspect *encephalitis*. **Treatment:** Hospitalization is required.	**Prevention:** Immunization against diseases of which encephalitis may be a complication (measles, for instance). **Recurrence:** Unlikely. **Complications:** Neurological damage; can be fatal if untreated.

DISEASE/SEASON/ SUSCEPTIBILITY	SYMPTOMS NONRASH	RASH	CAUSE/TRANSMISSION/ INCUBATION/DURATION	CALL DOCTOR/ TREATMENT/DIET	PREVENTION/ RECURRENCE/ COMPLICATIONS
German Measles (Rubella) **Season:** Late winter and early spring. **Who is susceptible?** Any person who hasn't had the disease or been immunized against it.	None, in 25 percent to 50 percent of cases. Sometimes: slight fever; swollen glands.	Small (1/10) inch, flat, reddish–pink spots on face. Rash spreads to body and, sometimes, roof of mouth.	**Cause:** Rubella virus. **Transmission:** Via direct contact or droplets from respiratory secretions; most often contagious from a few days before to 5 to 7 days after rash appears. **Incubation:** 14 to 21 days, most often 16 to 18. **Duration:** A few hours to 4 or 5 days.	**Call** if nonimmune pregnant woman is exposed. **Treatment:** None.	**Prevention:** Immunization (MMR). **Recurrence:** None; one case confers lifetime immunity. **Complications:** Very rarely, thrombocytopenia or *encephalitis*.
Measles (Rubeola) **Season:** Winter and spring. **Who is susceptible?** Anyone not already immune.	For 1 or 2 days: fever; runny nose; red, watery eyes; dry cough. Sometimes: diarrhea; swollen glands.	Tiny white spots like grains of sand appear inside of cheeks (Koplik spots), which may bleed. Dull, red, slightly raised rash begins on forehead and behind ears, then spreads downward giving a red all–over look.	**Cause:** Measles virus. **Transmission:** Direct contact with respiratory droplets from 2 days before to 4 days after rash appears. **Incubation:** 8 to 12 days. **Duration:** About a week.	**Call** for diagnosis; **call again immediately** if cough becomes severe, if convulsions or symptoms of *pneumonia*, *encephalitis*, or *ear infection* occur, or if fever goes up after going down. **Treatment:** Symptomatic warm soaks for rash; reduced lighting for comfort if eyes are bothered by light, though exposure to bright light is not harmful. In severe cases and in high–risk children, the administration of vitamin A.	**Prevention:** Immunization (MMR); strict isolation of infected persons. **Recurrence:** None **Complications:** *ear infection*, *pneumonia*, *encephalitis*; can be fatal, especially in immuno–compromised children (U.S. mortality rate is 3 in 1,000).

DISEASE/SEASON/ SUSCEPTIBILITY	SYMPTOMS NONRASH	SYMPTOMS RASH	CAUSE/TRANSMISSION/ INCUBATION/DURATION	CALL DOCTOR/ TREATMENT/DIET	PREVENTION/ RECURRENCE/ COMPLICATIONS
Meningitis (inflammation of the membranes around the brain and/or spinal cord) **Season:** Varies with causative organism; with Hib, winter. (see p.24) **Who is susceptible?** Depends on causative organism. For Hib, mostly infants and children under 3; more often boys, city dwellers, African Americans, some Native Americans, and children in day–care centers.	Fever; high–pitched cry; drowsiness; irritability; loss of appetite; vomiting; bulging fontanel or "soft spot." In older toddlers, also: stiff neck, sensitivity to light, blurred vision, and other signs of neurological problems.	*No rash*	**Cause:** Bacteria, most often Hib; viruses, which cause milder disease. **Transmission:** Depends on organism; with Hib, probably person–to–person, by direct contact or through inhalation of droplets from respiratory secretions. **Incubation:** Varies with organism; for Hib, probably less than 10 days. **Duration:** Varies.	**Call immediately** if you suspect *meningitis*, or **go to the Emergency Room** if health professional can't be reached. **Treatment:** For viral meningitis, symptomatic; for bacterial, hospitalization and antibiotics.	**Prevention:** Hib immunization, which prevents Hib meningitis; stringent adherence to hygienic rules in day–care centers. **Recurrence:** None with Hib; one attack confers immunity. **Complications:** Hib and other types of bacterial meningitis can do lasting neurological damage; they are sometimes fatal. Viral forms usually do no long–term damage.
Mumps **Season:** Late winter and spring. **Who is susceptible?** Anyone not immune.	Sometimes: vague pain; fever; loss of appetite. Usually: swelling of salivary glands on one or both sides of jaw, below and in front of ear; ear pain; pain when chewing or eating acidic or sour food/drink; swelling of the salivary glands. No symptoms in about 30 percent of cases.	*No rash*	**Cause:** Mumps virus. **Transmission:** Usually via direct contact with respiratory secretions from 1 or 2 (but as long as 7) days prior to onset until 9 days after. **Incubation:** Usually 16 to 18 days, but can be as few as 12 or as many as 25. **Duration:** 5 to 7 days.	**Call** for diagnosis; **call back immediately** if there is vomiting, drowsiness, possible headache, back or neck stiffness, or other signs of *meningoencephalitis* either along with or following mumps. **Treatment:** Symptomatic for fever and pain; cool compresses applied to cheeks. **Diet:** Avoidance of acidic and sour foods; soft foods will be more comfortable.	**Prevention:** Immunization. (MMR). **Recurrence:** Very slight chance of recurrence if only one side was affected. **Complications:** Meningoencephalitis (a combination of *meningitis* and *encephalitis*); other complications rare in infants, but can be serious in adult males.

BEST COPY AVAILABLE

DISEASE/SEASON/ SUSCEPTIBILITY	SYMPTOMS NONRASH	RASH	CAUSE/TRANSMISSION/ INCUBATION/DURATION	CALL DOCTOR/ TREATMENT/DIET	PREVENTION/ RECURRENCE/ COMPLICATIONS
Pneumonia (inflammation of the lung) **Season:** Varies with causative factor. **Who is susceptible?** Anyone, but especially the very young, the very old, and those with chronic illness.	Commonly, child with cold or other illness seems suddenly worse. Often, there is: increased fever; productive cough; rapid breathing; bluish skin tone; wheezy, raspy, and/or difficult breathing; shortness of breath; chest retractions; heavy mucus production; and possibly, abdominal bloating and pain.	*No rash*	**Cause:** Various types of organisms, including bacteria, viruses, mycoplasmas, fungi and protozoa, as well as inhalation of a chemical, an object, or anotner irritant. **Transmission:** Varies with cause. **Incubation:** Varies with cause. **Duration:** Varies with cause.	**Call** for productive or persistent cough or if a child with cold or flu seems worse or has increased fever, cough, or other signs of pneumonia; **Call immediately or go to the Emergency Room** if child has trouble breathing, turns bluish, or seems very sick. **Treatment:** Symptomatic for cough and fever; antibiotics, if appropriate. Possibly, postural drainage to help move mucus. Hospitalization in severe cases.	**Prevention:** Hib immunization for Hib infections; for high–risk children, extra protection against infection. **Recurrence:** Many types can recur. **Complications:** More likely in children with impaired immune systems.

Adapted and reproduced with permission from *What to Expect the Toddler Years* (Updated Version), by Arlene Eisenberg, Heidi E. Murkoff, & Sandee E. Hathaway, BSN.

BEST COPY AVAILABLE

Vaccinations

You may have noticed on the chart that some diseases can be prevented by vaccination or immunization. Vaccinations introduce a weak or dead amount of a disease into the body so the immune system will produce antibodies against it, just as if one had actually had the illness. For example, if you've had chicken pox, you probably won't get it again because your body has built up antibodies or immunity against it. By the same principle, if you get a smallpox vaccine containing a tiny bit of the smallpox virus — not enough to get smallpox — your body will build up the same kind of immunity as when you had chicken pox.

Health professionals usually immunize children against diseases which can be fatal or cause major damage like paralysis. Vaccines are usually given as shots or sometimes liquid drinks. Some children have reactions shortly after being immunized, such as a mild fever. In *extremely rare* cases, children have died due to complications associated with vaccinations. Ask your health professional about possible risks and signs and symptoms of complications, but keep in mind that you're protecting your children more effectively by immunizing them than by fearing problems and not immunizing them. Here's a list of common vaccinations, the age recommended, and some reactions (if any) to expect:[24]

IMMUNIZATION	AGE	COMMON REACTIONS
DTP *(Diphtheria, Tetanus, Pertussis)*	2, 4, & 6 months 15 to 18 months 4 to 6 years	**During first one to two days after vaccination:** pain, swelling, redness at shot site; fever; fussiness; drowsiness; loss of appetite
OPV/IPV *(Polio)*	2, 4, & 6 months 4 to 6 years	redness or soreness at IPV shot site
Hib *(Haemophilus b)*	2, 4, & 6 months 12 to 15 months	**During first 24–48 hours after vaccination:** fever; redness, swelling, or warmth at site of shot
HB *(Hepatitis B)*	0 to 2 months 3 to 6 months 6 to 18 months	soreness at shot site, fever
MMR *(Measles, Mumps, Rubella)*	12 – 15 months 4 to 6 years	**1 – 2 weeks after vaccination:** rash or slight fever; swelling of neck glands; aching or swelling of joints

[24]Centers for Disease Control, Department of Health and Human Services, Public Health Service. *Vaccine Information Pamphlets*: "Measles, Mumps, and Rubella: What You Need to Know;" "Polio: What You Need to Know;" "Important Information about Haemophilus Influenzae Type b Disease and Haemophilus b Conjugate Vaccine;" "Important Information About Hepatitis B, Hepatitis B Vaccine, and Hepatitis B Immune Globulin;" "Diphtheria, Tetanus, and Pertussis: What You Need to Know."

Healthy Teeth

To keep your children's smiles bright, it's important to practice good dental hygiene early. At first, you will have to keep your children's gums and teeth clean for them; later on, you can teach them the right way to brush and floss. You can set a good example by caring for your teeth together.

Most babies get their first teeth between six and nine months–old and have all their teeth by their second birthdays. Even though very young babies are only eating formula or breast milk, plaque still accumulates on their gums and can affect their health. Get into the habit of wiping your baby's gums with a damp gauze pad every day. If you don't have any gauze, use a clean, damp cloth.

Teething is often painful and causes babies to be cranky and sometimes feverish. You can help by gently rubbing your baby's gums with your clean finger (if he/she'll let you into his/her mouth!) or by giving him/her something cold to chew on like a teething ring. You can also try freezing a damp, *clean* washcloth and letting your baby chew on it.

Once your baby gets teeth, brush them with a *soft* child's toothbrush and keep wiping gums as you did before. When brushing, point the bristles at a 45° angle toward the line between the child's gums and teeth and brush back and forth in short strokes. Remember to brush the inside and top of teeth as well as the outside. It's also a good idea to brush the tongue to remove bacteria that live there — this also helps freshen breath. Flossing teeth is critical to preventing gum disease; ask your dental professional to show you the correct way.

Use water — not toothpaste — for brushing until your baby is older. When your child is old enough to use toothpaste, use a small amount the size of a pea. Try to get one that contains fluoride and is approved by the American Dental Association. Some health professionals think it's a good idea to give children extra fluoride drops to prevent cavities and make teeth stronger. Ask your health or dental professional.

If at all possible, don't put your baby to bed with a bottle. If your baby does take a bottle to bed, be sure the bottle is filled with water only. When your baby falls asleep while drinking milk or juice, some of the liquid is usually left in the mouth. Since milk and juice have forms of sugar in them, those sugars are sitting on your baby's teeth while he/she sleeps, causing decay. Check your baby's teeth for brown or soft spots — if you see any or have questions, contact your dental professional.

Children should begin seeing a dental professional every six months when they reach age three. If you don't have a regular dental professional, ask your health professional to recommend one. Children should also learn to never share their toothbrush with anyone (even family), nor to use someone else's toothbrush.

Head Lice

Head lice are insects that live in the hair and lay eggs called nits. Many people mistakenly think only dirty, unkempt people have lice, but anyone can easily get them — getting rid of them is not so easy! To keep children from getting lice, tell them not to share combs, brushes, hats, or hair accessories with *anyone*.

If one of your children has lice or nits, check everyone else in your family, including yourself. Also, notify the school nurse, day–care provider, or babysitter so they can check others and keep the lice from spreading. Check the scalp and carefully separate sections of hair. Anyone who has lice or nits will need to use a special shampoo (get a special prescription from your health professional and *follow the directions*). The shampoo will be strong to kill the lice, so if you use it too much it could hurt the scalp.

The shampoo can't kill all the nits, or eggs, so you will have to comb or pick them out of the hair with tweezers or your fingernails. You can use a nit comb (ask your pharmacist for one), which has very fine teeth. Keep checking for nits and combing them out for at least one week.

If lice are in your family's hair, they are probably in your home. Wash and dry *everything* on **hot** settings — especially things that have come into contact

with people's heads, like hats, pillows and pillowcases, and blankets and sheets. Soak hair accessories like combs, brushes, barrettes, and hairbands in **hot** water (and bleach if it won't ruin them) to clean and disinfect them. Vacuum your floors (both carpeted and uncarpeted), furniture, mattresses, and all parts of your car, then *throw the vacuum bag away* and **remove it from the house**. Do **all** of the above steps to be sure you get rid of all the lice and nits and they don't return.

Smoking

We all know the many risks to cigarette smokers, but what about the threat of *secondhand smoke* to your children? The smoke that comes from your cigarette and the smoke you exhale can cause your children to have trouble breathing, and leave them more open to sneezing, coughing, chest colds, ear infections, and illnesses like asthma, bronchitis, and pneumonia. There is also evidence that children of smokers are more likely to become smokers themselves.

If you smoke, think about quitting for your own sake as well as your children and others around you who breathe in the 4000 chemicals in tobacco smoke.[25] If you don't smoke, try to avoid secondhand smoke by politely asking others to smoke outside and by sitting in "no smoking" sections of restaurants, planes, or buses. Long–term exposure to secondhand smoke may be as dangerous to your health as smoking. Protect yourself and your children from this risk.

[25]Maine Statewide AHEC System. "Second–Hand Smoke *Can* Hurt You," p. 1.

DANGERS IN SOCIETY

Today our children are subject to dangers we never would have imagined 10 or 20 years ago. On the news we hear that gradeschoolers have access to drugs and weapons, some are even having sex and being exposed to the AIDS virus, and many are being sexually abused by the people they look to as role models and friends. When are children in such peril from their life situations as to be characterized as victims of child abuse or neglect? Cases of child neglect and abuse too often occupy our headlines. Certain safeguards (as explained on page 31-32) are in place that help protect our children from these conditions.

Substance Abuse[26]

Here are some facts about substance abuse and young people:[27]

- ❑ Close to 80 percent of high school dropouts today have drug–related problems.
- ❑ Nearly 2/3 of all American youth use an illicit drug before they finish high school.
- ❑ 1 in 20 high school seniors drinks alcohol daily.
- ❑ 40 percent of American youth have used an illicit drug other than marijuana.
- ❑ The average beginning age for alcohol use is 12.5.
- ❑ The average beginning age for marijuana use is 11.8.
- ❑ Every day, more than 5000 Americans try cocaine for the first time.

To prevent young people from using alcohol or other drugs, we need to focus on *why* they might want to use them, the kinds of problems they might face, and what their special needs are. Some reasons people commonly give for starting to use alcohol or other drugs include:

- ❑ Because it's cool, the thing to do.
- ❑ Because it's available.
- ❑ To be seen as more grown–up.
- ❑ To feel better, or different; to get rid of pain or feel numb.
- ❑ Curiosity.
- ❑ To relax and be able to do "x" (ask somebody out, have sex, etc.).
- ❑ To be like everybody else.
- ❑ There's nothing else to do.
- ❑ It never occurred to them not to.

Many prevention programs try to help delay young people from starting to use alcohol and other drugs by addressing the above reasons for starting. In addition, our legal system is making alcohol and drugs less available. Public programs give young people who may be thinking of taking alcohol or drugs the messages that:

- ❑ Alcohol and drug use is one of many choices.
- ❑ Alcohol and drugs aren't really cool.
- ❑ Alcohol and drugs aren't a good long–term solution.
- ❑ Saying "no" is always an acceptable choice.
- ❑ There are other ways to relax and reduce stress.
- ❑ Confidence, communication, and other life skills cancel the need for alcohol and other drugs.

The more adolescents understand about the dangers of using alcohol and other drugs, the more likely they will say "no" to using such substances. The best opportunities for reaching adolescents about the consequences of risky behavior around drugs and alcohol are at school and at home. Parents can learn about the dangers their children face when it comes to using alcohol and other drugs. Programs providing support for parents on talking to their children about alcohol and drugs are available through many schools or community organizations.

The New York State health curriculum for students in grades Kindergarten through Grade 12 gives

[26]This section adapted from *Alcohol and Other Drugs: Realities for You and Your Family*, Hudson River Center for Program Development, Inc.

[27]New York State Division of Alcoholism and Alcohol Abuse, *Alcohol Facts: Young People*.

information to students about the health risks connected with drug and alcohol use. Student Assistance Programs in schools also help link students experiencing alcohol or drug problems with effective treatment. Special help is given to children from alcoholic families. They are offered information on how to avoid alcohol problems of their own and where to get help.

Students have become involved in organizations like SADD (Students Against Drunk Driving) to prevent alcohol and drug abuse. These programs often involve parents in giving young people choices other than riding with an intoxicated driver. Promoting alcohol–free proms and other social events both in high schools and colleges is another prevention strategy which involves students, parents, and school personnel.

There are some warning signs of alcohol or drug abuse in young people that parents and those who work with adolescents should be on the alert for. It is important to keep in mind that adolescence is a difficult growing period; some changes in behaviors and attitudes are normal and healthy. Possible signs of alcohol or other drug use include:

1) **Changes in performance at school**: more absences and tardiness, behavior or attitude problems, a drop in grades.

2) **Changes in friends or social activities**: dropping old friends, making new ones that may try to avoid parents, having older teenage friends or friends who are young adults, having friends that are drug users.[28]

3) **Significant changes in moods/emotions**: possible apathy, basic personality changes such as from sociable to unsociable or vice versa, extreme mood changes with no obvious reason for them, less concern about things that used to be very important.[29]

4) **Physical changes**: red eyes, change in eating and sleeping habits, deterioration in appearance.

5) **Changes at home**: less responsible for chores, etc., more secretive, strange phone calls, disappearance of money, belongings, or alcohol from the home, or the appearance of expensive items, lying.[30]

Parents need to be particularly aware that it is illegal to serve alcoholic beverages in the home to minors other than their own children. Adults are as responsible for the serving of alcohol to people under age in the home as the person who sells alcohol under license. Adults are also legally liable if a youngster has consumed alcohol in their home and becomes injured in an accident or injures someone else after he/she leaves.[31]

Alcohol or drug addiction affects everyone in the family. Treatment can help other family members even if the alcohol– or drug–addicted person is still using, gone, or dead. Family members can learn to live their own lives despite the active alcoholism or addiction. They need to know the facts about alcoholism and drug addiction, and learn how it is affecting them.

Children are often left out of treatment by family members because parents believe that they are too young to understand or that they need to be protected. If children aren't involved in treatment, they can become even more frightened and isolated because they feel the alcohol or drug problem is their fault. Alcoholic parents may have blamed their children for "driving them crazy" and causing them to drink or use drugs. Children need to know that the alcoholism or drug addiction is never their fault.

Thankfully, there are now treatment programs and support groups for families and for young people. If your child is using drugs or alcohol, you do not have to tackle the problem alone. There are parents and children out there who have succeeded in dealing with alcohol and other drug problems who can help you do the same. For more information on alcohol and other drug abuse, see the module in this series entitled *Alcohol and Other Drugs: Realities for You and Your Family*.

---

[28]Youcha, G. & Seixas, J.S., *Drugs, Alcohol and Your Children: How to Keep Your Family Substance-Free*, p. 31.

[29]Schwebel, Robert, Ph.D., *Saying No Is Not Enough*, p. 37.

[30]*Drugs, Alcohol and Your Children*, p. 32.

[31]New York State Division of Alcoholism & Alcohol Abuse, *Alcohol, Some Thoughts for Parents*.

Sexual Abuse[32]

The thought of sexual abuse affecting your family is repulsive. What's even more unsettling is the fact that 85 percent of sexual abuse and rape occurs between people who know each other. This means that more cases of child sexual abuse are committed by trusted friends, relatives, or people children know than by total strangers.

To protect your children from sexual abuse, it's important to talk to them about the importance of valuing their own bodies, what to do if they feel uncomfortable, and how to stay safe. By discussing it together, you and your children will feel empowered and better equipped to stay safe. You should also know the signs and symptoms of child sexual abuse so you can stop it should it become apparent.

Valuing Your Body. If children learn from a very early age to value their bodies, they will be proud of them and want to protect them from harm like other items they own (a bike, favorite toy, etc.). To do this, you must tell your children that their bodies are their own and they have the right to protect themselves. Children must also learn which are their private parts and how special they are. A good way to teach this is to tell your children that private parts are covered by bathing suits, and that we keep them covered because they're extra special and should be protected. Finally, tell your children that these parts are only shared with very special people when they are older. Unfortunately, many of us learn at a young age to be ashamed of our private parts.

Next, children need to learn the difference between good and bad touches. Be sure to tell your children that **nobody** — not even a parent, stepparent, aunt, uncle, neighbor, babysitter, teacher, or friend — has the right to touch them unless they want to be touched. Here are some ways to explain touches to your children:

- ❑ **Good Touches** make you feel happy and warm inside like a hug from a friend or holding hands with your mom.
- ❑ **Bad Touches** make you feel mad, angry, or upset like getting punched or falling off a tree.
- ❑ **Confusing Touches** make you unsure and uncomfortable inside. You may get a funny feeling inside your tummy. You may get this feeling when someone touches you where you don't want to be touched, like on your private parts.

Let your children name several touches that would make them feel happy, mad, and uncomfortable to be sure they understand the difference between the types of touches.

What To Do If Children Feel Uncomfortable. It's important that your children know what to do if someone is touching them and they feel confused or uncomfortable. Teach them to follow these three steps:

1. **Say "No."** Be sure children know they have the *right* to say no whenever they feel uncomfortable.
2. **Get away.** If they can, children should try to run away from the offender.
3. **Tell someone.** Make it clear that your children can talk to you if they feel uncomfortable or confused.

How To Stay Safe. Just like the other safety information we've talked about, you should practice sexual abuse safety information. A good way to do this is by playing "what if" games to help your children feel more sure of their abilities to handle new situations, to trust their instincts, and to act in their own best interests.

Here are some ideas of how to talk to your children about sexual abuse:

- ❑ *Your body is your own — you don't have to let anyone touch you or hurt you.*
- ❑ *You have my permission to say "no" or "don't touch me that way" to* ***anyone*** *— even a close relative or family friend.*

[32]This section adapted from *Sexual Abuse: Facts for Discussion, Prevention, and Management*, Hudson River Center for Program Development, Inc.

- ❑ *If you get uncomfortable feelings when someone does something to you or asks you to do something to him/her, come and tell me.*
- ❑ *Sometimes nice people — people you know — do mean things. Respecting and obeying adults does not mean you have to do anything they ask. If you think what they are doing or asking is wrong, come and tell me.*
- ❑ *If anyone, even someone you love, threatens you or tries to bribe you into doing something you feel is not right, come and tell me.* (Child molesters will often try to bribe children with their favorite items like candy. They may also threaten to hurt the child's pet or family member to get the child to cooperate.)
- ❑ *Some secrets — like surprise birthday presents — are fun, but a secret that a grown-up says only the two of you can know is not right. Come and tell me.* (Children love to keep secrets, and often child molesters will use this as bait to get the child involved in the abuse, e.g., "This touching is very special and is a secret just between you and me.")

Signs and Symptoms of Child Sexual Abuse. Children often don't tell anyone that they are being abused, but you can look for certain changes in their bodies or behavior that could signal sexual abuse.

Physical Changes

- ❑ Unexplained bruises or swelling of the genitals of a young boy or girl, or problems with urination.
- ❑ Vaginal or rectal bleeding, discharge or symptoms of infection.
- ❑ Persistent and unexplained vomiting and other gastrointestinal symptoms.

Behavioral Changes

- ❑ Suddenly or continually protesting when left with someone the child knows, such as a relative, neighbor, or babysitter.
- ❑ School problems or lack of concentration.
- ❑ Withdrawing from normal activities.
- ❑ Unusual interest in their own body and genitals, or in the genitals of others.
- ❑ Sleep disturbance: nightmares, trouble falling asleep, fear of the dark, a marked increase in bed-wetting.
- ❑ Irritability, crankiness, unexplained crying, and/or sudden shifts in temperament.
- ❑ A return to a younger, more babyish behavior.
- ❑ Marked changes in appetite.

If you are unsure whether or not your child has been sexually abused, call your local Rape Crisis Center. If your child has been sexually abused and needs counseling, the Rape Crisis Center can counsel him/her or help you find a counselor.

If your children tell you they have been sexually abused, it's **extremely** important that you say you believe them, you will protect them, and that you are angry at the offender, **not at the child.** For more information on sexual abuse and rape, see the module in this series, *Sexual Abuse: Facts for Discussion, Prevention, and Management.*

Sexually Transmitted Diseases and HIV/AIDS

As children reach puberty, they become more curious about their sexuality. Today, there is increased pressure on teenagers and even younger children to engage in sexual experimentation. As we discussed in the previous section on sexual abuse, it's crucial to make it clear that your children can talk to you about sex. If the subject makes you uncomfortable, be honest but don't refuse to discuss it. To help you talk to your adolescents about their sexuality, you may wish to refer to a booklet entitled "Talk To Me: Growing Up Begins At Home," which is available from the NYS Department of Health (see the Resources section for more information).

Talking openly could save your children the pain of a sexually transmitted disease (STD) and its long-term effects, such as inability to have children or even death if HIV, the AIDS virus, is contracted. The HIV virus causes AIDS (Acquired Immune Deficiency Syndrome), which has no cure and almost always results in death. HIV is transmitted:

- through direct contact with the bloodstream (such as when sharing intravenous (IV) drug needles with an infected person);
- through the womb, birth canal, or breast milk (pregnant women who have HIV may pass the virus to their unborn babies, and mothers infected with HIV may pass it to their newborns through breast milk.); and,
- through mucous membranes of the eyes, mouth, throat, rectum, and vagina (for example, having unprotected sex with an infected person).

The only true "safe sex" is no sex at all. **Latex** condoms (rubbers) *lower* the chance of getting STDs and HIV **if** they are used *correctly* and *all the time*. Sexually active people should talk and plan ahead for safer sex. Remind your children to help themselves protect their lives by abstaining from sexual activity until they are older or using condoms and limiting their number of partners.

Alcohol may encourage risky behavior because it impairs judgment and relaxes inhibitions. It may provide a reason or excuse for behaving in a way one might not normally act. Studies show that teens often have unplanned sex more often after drinking or drug use. In a sample of 14 to 19 year–old females, 71 percent reported that it was easier to have sex if they had been drinking, and 43 percent said they worried less about birth control when drinking. Other drugs have the same effect.

STDs don't always show obvious symptoms, so sexually active individuals should be tested by a health professional every year or each time there is a change in sex partners. Every partner should also get tested. Some signs of STDs are pain during urination, unusually colored or odorous discharge from the penis or vagina, pain in the lower abdomen, and lumps, bumps, rash, or itching on the penis or around the vagina.

If your child has any of the above symptoms, arrange a visit to a health professional. For more information on HIV, see the instructional package, *HIV Education for Adult Literacy Students*.

Child Abuse and Neglect

Child abuse and neglect cases are handled in Family Court and are referred to as Child Protective Proceedings. A case is usually started by a telephone call to the child abuse hotline. Certain individuals, like doctors and teachers, are considered mandated reporters who have a legal duty to call the hotline if they believe a child has been neglected or abused. For example, if a child often comes to school with suspicious bruises, a guidance counselor or other school professional would call the child abuse hotline and the case would be investigated by caseworkers to determine whether a neglect or abuse case should be filed in Family Court.

The law distinguishes between child abuse and child neglect, with abuse cases being the most serious. Essentially, abuse occurs when a child is subjected to serious physical injury or risk of serious injury or when a child is sexually abused. For example, if a child is punched in the eye, the degree of damage and the risk to the functioning of the eye could result in an abuse case being filed. Another type of abuse case which arises much too frequently involves immersion burns when a child is purposely subjected to scalding hot water, causing second or third degree burns. Sex abuse is committed on children of all ages, and the initial evidence of sex abuse is often detected by doctors or by persons observing a child's behavior.

Child neglect is frequently, but not always, related to substance abuse. One of the most prevalent types of cases is positive toxicology births, which occur as a result of a mother's taking illegal drugs during pregnancy. The law recognizes that parents who are abusing drugs, or alcohol, cannot effectively take care of children and a case based on substance abuse can be pursued at any time during a child's minority. Other types of neglect include inadequate supervision or abandonment of a child. These cases result when a mother or father leaves a child alone and unsupervised for periods of time; such cases may also have their roots in an underlying drug or alcohol abuse problem. Neglect may also exist if a parent fails to supply adequate food or clothing to a child. Another typical case of child neglect is excessive corporal punishment, which occurs when a par-

ent is overly aggressive in using physical punishment. For example, if a mother or father uses an extension cord or belt to "discipline" a child, and leaves bruises, this can also result in the filing of a neglect proceeding.

It is important to recognize that Child Protective Proceedings can be brought against parents or others who are legally responsible for the children subjected to the abuse or neglect. The purpose behind the filing of the cases is to protect children, and to work with the families in an effort to rehabilitate them to the degree where the child can be safe in the household. Frequently, but not always, children are placed in foster care, either with extended family or with nonrelated foster families, in an effort to keep them safe until the children's own family is declared ready to take them back. If the parent, or parents, never reach the point where the child or children can be returned to parental care, it is possible that the state may terminate the parental rights.

STAGES OF DEVELOPMENT

As it is your parental responsibility to keep your children safe from hazards in the environment, it's your obligation to nurture your children emotionally. From conception to adulthood, children go through many crucial stages of development. This section follows the time line of children's development from prepregnancy through adolescence.

Before You Get Pregnant

Just as we said sex should be planned, so should pregnancy. It's important to keep yourself in good health if you are planning to become pregnant. You should also avoid alcohol, other drugs, and tobacco since the very early stages of pregnancy are critical to your baby. Even small amounts of alcohol, other drugs, and tobacco can have a profound effect.

If possible, get a checkup by a health professional before becoming pregnant. You may also want to be tested for STDs or HIV to ensure you don't pass an infection to your unborn child.

Many women don't see any signs of pregnancy until they have been pregnant for more than a month. Some signs of being pregnant are a missed menstrual period, "morning sickness" (nausea and vomiting which can occur any time of the day), tender swollen breasts, and frequent urination. If you have any of these symptoms and think you might be pregnant, see a health professional and get a pregnancy test. It's important to start prenatal care early in your pregnancy and to continue seeing a health professional regularly throughout your pregnancy for the sake of your health and your baby's. For information on pregnancy testing and prenatal health care, call the Growing Up Healthy Hotline at 800–522–5006.

Once you know you're pregnant, you may not believe it. Aside from a few side effects, your body will probably look and feel the same and you'll find it hard to imagine that a new life is growing inside you. Your pregnancy will elevate your hormone level, which may cause your emotions to fluctuate. Don't worry if you swerve from being elated to despondent to terrified — it's normal. This is a big change in your life and it's good to acknowledge that. Share your feelings with your partner, close friends, or family members.

The first three months of pregnancy are when all of your baby's major organs are formed, including the brain. During this time, as well as throughout your pregnancy, you should take especially good care of yourself.

Weight Gain is important to meet a pregnant woman's needs as well as those of her developing baby. Health professionals consider that higher = healthier when it comes to a baby's birth weight. You've probably heard that it's normal to gain 25 to 35 pounds during pregnancy, and it's true. It's also **necessary** for your baby's development. Remember, you're not just gaining a 6– or 10–pound baby, and the weight isn't just fat, either. Do not start a weight–control diet when you are pregnant. Here is a breakdown of the way the extra weight is distributed:[33]

Breakdown of Weight Gain During Pregnancy	
Baby	7.5 pounds
Placenta	1.5 pounds
Amniotic fluid	1.75 pounds
Uterine enlargement	2.0 pounds
Maternal breast tissue	1.0 pound
Maternal blood volume	2.75 pounds
Fluids in maternal tissue	3.0 pounds
Maternal fat	7.0 pounds
Total Average Weight Gain	26.5 pounds

It's best to keep weight gain steady. You should gain about 3 to 4 pounds during the first three months of pregnancy (first trimester), then 12 to 14 pounds (a pound a week) during the second trimester, then 8 to 10 pounds during the third trimester (a pound a week in months seven and eight and only one or two pounds total in month nine). As you can figure out, this adds up to 23 to 28 pounds. If you aren't gaining enough weight or are gaining at a much faster rate, check with your health professional.

[33]Eisenberg, et.al., *What to Expect When You're Expecting* (Revised and Expanded Second Edition), p. 148.

Nutrition. Your baby depends on you for nourishment in the months before birth. A good way to think of prenatal nutrition is *whatever you eat, your baby eats*. A woman's body changes drastically and may develop many discomforts as it accommodates a growing baby. The most common complaints result from changes in hormonal balance and the crowding of internal organs by the expanding uterus. Some simple changes in diet and exercise, however, can provide relief and increase comfort.

Nutrients are critical to the growth of tissues, the baby's development, and breastfeeding. Some foods high in certain nutrients, such as folic acid, have also been shown to help prevent specific birth defects. It is important to eat a variety of "nutrient dense" foods containing an adequate amount of calories and sufficient nutrients, especially **proteins** (fish, poultry, eggs, lean meats, and dairy products), **iron** (liver, prunes, raisins, lean meats, green leafy vegetables, and fortified cereals), **folic acid** (bananas, oranges, liver, beans, tomatoes, spinach, whole–grain breads and cereals), and **calcium** (milk, cottage cheese, cheese, yogurt, salmon, sardines, beans, and dark leafy green vegetables).

It is also important to feed your child nutritious foods after birth. Good eating habits developed in childhood can carry over into adulthood. For more information on nutrition, consult the module in this series *Nutrition: Eating for Better Health*.

Alcohol, cigarettes, and other drugs can severely damage your unborn baby. Alcohol passes into the baby's bloodstream and can damage fast–growing cells: slowing growth or killing them altogether. The brain is especially sensitive. Drinking large amounts of alcohol can cause birth defects like Fetal Alcohol Syndrome (FAS), which can cause lifelong complications. As little as two drinks per day may hurt the baby. The bottom line is that there is *no "safe" amount of drinking alcohol during pregnancy*. All drugs should be strictly avoided, including street drugs such as marijuana and cocaine and even non-prescription drugs such as aspirin. All may contribute to birth defects. Smoking causes low birth weight in babies, as well as cancer and lung disease in adults.

Another reason to avoid alcohol, cigarettes, and other drugs during pregnancy is to help reduce the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplainable death of a baby, and one of the leading causes of death for infants. It is not clear what causes SIDS, but there are some risk factors that seem to play a part in SIDS cases. Good health habits, such as avoiding alcohol, cigarettes, and other drugs during pregnancy can help reduce the chance of SIDS. Good prenatal care by a health professional is also important. For more information on SIDS, call the New York State SIDS hotline at 1–800–336–SIDS or the national SIDS Alliance hotline at 1–800–221–SIDS.

After the baby is born, the American Academy of Pediatrics recommends that healthy babies who were not born prematurely sleep on their backs or sides. Sleeping on the stomach has been identified as a risk factor, but again, does **not** cause SIDS. Babies should sleep on a firm, flat mattress, not on a soft surface such as beanbag chairs, foam pads, or adult pillows.[34] Do not smoke or allow others to smoke around your baby. It is also important to avoid overdressing or overheating the baby, to get immunizations for the baby on schedule, and to breastfeed when/if this is possible.

Caffeine may also be absorbed into the baby's bloodstream. Remember that caffeine is a drug that stimulates the central nervous system. If caffeine affected an expectant mother prior to pregnancy, she should avoid it during pregnancy. Some alternatives to caffeinated beverages are decaffeinated coffee, herbal tea, and decaffeinated colas and caffeine–free drinks like ginger ale, root beer, or lemonade. Try to avoid chocolate and cocoa, both of which have caffeine.

Exercise. Most health professionals think regular, moderate exercise is good for a pregnant woman. However, be sure to consult your health professional before beginning any exercise program, especially if you were sedentary before becoming pregnant. Without exercise during pregnancy, a woman tends to become less fit as she gains more weight.

---

[34] Association of SIDS Program Professionals, *Infant Sleep Poisoning and SIDS: Counseling Implications*, p. 1.

Good posture is important to decrease the occurrence of backaches during pregnancy. Moderate daily exercise of short duration with frequent rest periods may allay nausea and provide more energy. Walking and swimming are the best bet, but other forms of exercise are okay as long as there is no discomfort, only mild fatigue, and a pulse no greater than 140 beats per minute. Less strenuous exercises for pregnancy include stretching, calisthenics, and kegal exercises, which help strengthen the muscles used during labor and delivery. Ask your health professional to recommend specific exercises appropriate for your condition.

Newborns (Birth to Age Six Months)

Babies are all different, but they have one thing in common: they need a lot of love and care during their first few months of life. If you care for your children with love, they will bond with you for life. Babies need to be held, touched, cuddled, and above all, treated **gently**. They are fascinated by sounds, faces, and eyes; so give your baby things to stimulate vision, hearing, touch, smell, and taste. Talk, sing, and read to your baby.

There are different kinds of cries depending on whether babies are hot, cold, wet, or hungry. Once you begin to bond and know a baby well, you'll be better able to tell what's wrong. Some babies cry for long periods no matter what you do. Some cry for hours because they have **colic**, which health professionals think is stomach pain due to allergies or sensitivity to something the mother (of breastfed babies) ate. If you think your baby has colic, talk to your health professional.

Infants don't sleep much at night because they can only go three to four hours without eating. Control your temper when you're tired and trying to calm a fussy baby. Try rocking, riding in the stroller or car, or playing music. You can also try using a baby swing to calm the baby, but never leave him or her unattended while in the swing.

Babies go through distinct developmental stages. You can expect your baby to be doing certain things at certain ages. For example, most babies[35]:

At three months–old:
Turn their heads toward bright colors and lights. Move both eyes in the same direction together. Recognize bottle or breast. React to sudden sounds or voices. Make cooing sounds. Make fists with both hands. Grasp toys or hair. Wiggle and kick with arms and legs. Lift head and chest when on stomach. Smile.
At six months–old:
Follow moving objects with their eyes. Turn toward the source of normal sound. Reach for objects and pick them up. Switch toys from one hand to the other. Play with their toys. Help hold the bottle during feeding. Recognize familiar faces. Babble.

If your baby seems different or has trouble with these activities, you might want to talk to your health professional or other early intervention expert.

When your baby reaches about six months–old, the process of separation, or seeing oneself as an individual rather than as part of one's parents, begins. Encourage independence as your baby learns to sit up and hold things, and wants to be held less.

[35] NYS Department of Health, "Early Help Makes a Difference."

BEST COPY AVAILABLE

Toddlers (Ages One to Three)

Babies gain the ability to do many things during this age span. Typically, babies:[36]

At 12 months:
Sit without support. Pull to a standing position. Crawl. Drink from a cup. Play peekaboo and patty-cake. Wave bye–bye. Hold out their arms and legs while being dressed. Put objects in a container. Stack two blocks. Know five or six words.
At 1 1/2 years:
Like to pull, push, and dump things. Follow simple directions ("Bring the ball"). Pull off shoes, socks, and mittens. Like to look at pictures. Feed themselves. Make marks on paper with crayons. Walk without help. Step off a low object and keep balance.

Toddlers like to explore **everything**. They crawl, get into cupboards and drawers, and climb. They touch whatever they can get their hands on and then immediately put it in their mouths. Be sure your home and the homes you visit are child–proofed. Only leave things out that are OK for your toddler to touch.

Toddlers may get bumped, bruised, and dirty as they learn to walk and play. They may also be startled or afraid of loud noises like the vacuum, so comfort and reassure them. Give them the freedom to investigate their surroundings, but be careful to keep them out of serious harm's way.

This is the age to teach your children the dreaded "N" word — NO. Be patient as toddlers define their independence, and **show** them what "no" means. Use different voice qualities to distinguish between "no" as a warning of danger and "no" as a request to obey. Also, when saying "no" to children, give them a reason. Although they may be too young to understand, giving a reason supports your decision for saying "no" and serves the dual purpose of being a reality check for you. If you can't think of a reason for saying "no," why are you saying it?

Once toddlers have learned the word "no," they will use it often during the "terrible twos." At this age, toddlers don't care about pleasing others and often don't know how to make themselves happy. Many times they say "no" to things they really want because it's the only way they know how to assert their independence. They change their minds often and get frustrated and angry. Though it's a trying time for parents, it's normal for a child to act this way. Most toddlers:[37]

At two years:
Use two– to three–word sentences. Say names of toys. Recognize familiar pictures. Carry something while walking. Feed themselves with a spoon. Play independently. Turn two to three pages at a time. Like to imitate their parent. Identify hair, eyes, ears, and nose by pointing. Build a tower of four blocks. Show affection.
At three years:
Walk up steps (alternating feet). Ride a tricycle. Put on their shoes. Open door. Turn one page at a time. Play with other children for a few minutes. Repeat common rhymes. Use three– to five–word sentences. Name at least one color correctly. Are toilet trained.

[36] "Early Help Makes a Difference."

[37] "Early Help Makes a Difference."

Toddlers like to copy grown–ups at this age, so be sure to set a good example. Allow them to do as much as they can by themselves and enlist their help to boost self–esteem.

Preschoolers (Ages Four to Five)

As they develop into little people, preschoolers become more independent and self–confident. They grow out of the "no" stage and begin to accept the limits you set and enforce because they want to please you. They still enjoy copying and follow our examples on how to treat people, which could affect how they define the roles of men and women in our society. Be careful what impressions you give.

This is a good age to teach manners and give children minor chores to do around the house, like cleaning their rooms or setting the table. Don't expect too much — for all their newfound responsibility, they are still immature. They make up "tall tales" and don't always understand the difference between reality and make–believe. They have active imaginations and develop fear of the dark, monsters, and so forth.

Don't be alarmed as children become more curious about their bodies. Answer them honestly and try to use the correct words for anatomy. This is a good point to talk about strangers and the rules for talking to them:

1. Don't **take anything** from or **go anywhere** with a person you don't know.
2. It's OK to talk to new people **if a parent is around.**
3. Talk about the topics mentioned in the sexual abuse section of this module (pages 29 – 30).

Gradeschoolers (Ages Six to Nine)

The horizon is expanding for school–age children. They are meeting new people and spending more time away from you, thereby limiting your control over them. As children become more independent and encounter more and more people, it is especially important to talk to them about what to do when approached by strangers.

Children this age begin to dream about their futures and set sometimes unrealistic goals for themselves, such as becoming a famous athlete. Listen and encourage children to reach for the sky. Don't put them down or belittle their aspirations.

While your children may be sprouting wings, they may also be afraid of some things and revert to less mature behaviors, like carrying a favorite blanket. Although you may not approve of the behavior, don't scold or make fun of your children — the attention will make them want to do it more. They will eventually quit by themselves. Show respect and love and let things run their course. It is not uncommon for children at this age to become more obnoxious and less affectionate, even though they still love their parents.

Your children may be adopting irritating behaviors, but try to overlook the behaviors. Set firm limits and expectations, especially those that will keep your children safe or that are completely forbidden, like fighting or stealing. When setting limits, be sure your children know the consequences if they choose to disobey.

Children at this age should still have a regular bedtime. Try to use this time for a quiet activity like reading or talking.

Preteens (Ages 9 to 12)

As they begin the trial and error period of life, preteens will learn their strengths and weaknesses. This age is one of great socialization as children care mostly about what their friends think and, at least, say they care *nothing* about what their parents think. Try to give your children freedom with the confidence that you have taught them values and limits.

This is the age of **puberty**, when sexual organs mature and girls begin menstruating. Hormones are raging through preteens' bodies, causing mood swings as well as physical changes. Accompanying puberty are growth spurts, which cause fast, increased height and weight and changes in body composition (fat vs. muscle). Pubescent children may grow as much as 12 inches and gain 20 to 30 pounds during puberty.[38] Girls begin the spurt about

[38] *The Safe, Self-Confident Child*. p. 102–103.

two to two–and–one–half years earlier than boys, but boys' growth is greater and the spurt lasts longer. Girls are more likely to gain body fat, and by age 20 have about twice as much body fat as males, mostly in the hips and breasts. Boys gain muscle tissue, especially in their upper bodies, and lose fat overall. Your children probably won't ask, so try to talk to them about the changes that may be occurring in their bodies. You may want to discuss the topics mentioned in the section on sexually transmitted diseases and HIV (pages 30 – 31). Remember to answer questions calmly and truthfully.

Teenagers (Ages 13 and Up)

The strain of independence in your children continues to grow as they become young adults. Mood swings continue, but on a lower level than during puberty. Teenagers will probably separate themselves more from you and require more privacy and freedom.

Give teenagers the compliment of treating them as young adults and not as children. Ask their opinions once in awhile and trust them to live the values you have instilled in them. Limit rules to issues that concern their safety, such as alcohol and drug use. Don't, however, lower your expectations of them. Continue to demand respect, household chores, and schoolwork.

Many teenagers start dating now, if they haven't begun already. If you haven't talked to your children about sexually transmitted diseases and HIV yet, we urge you to do so now to keep them safe.

Sample Lesson 1: Escape Danger!

Goal: To have a definite plan for escape in case of fire or other emergency.

Outcome Objective: Learners will be able to plan and practice safe exits from their homes.

Instructional Materials:

- Paper, pencils
- Red markers

Activities

Activity 1 Ask learners to consider the layout of their homes: whether they live on the second story or higher of a building; what exit equipment is already in place (*i.e.*, fire escape, safety ladder); the most direct route out; what may be blocked in case of fire.

Activity 2 Using paper and pencils, ask learners to draw floor plans of their homes, with emphasis on where they and their children sleep. Using the red markers, learners should trace escape routes from sleeping areas to the outside. Ask them to plan a couple of different routes.

Activity 3 As homework, ask learners to practice their escape routes with their families and see which one is the most direct. Ask them to keep in mind the obstacles they may encounter and have a backup route if the most direct route isn't available. Learners should also discuss when it is safest *not* to leave a room during a fire.

Sample Lesson 2: Making the Call

Goal: To make a list of emergency phone numbers.

Outcome Objective: Learners will have a list of emergency phone numbers to post by each phone in case of accident.

Instructional Materials:

- **Handout A** included in this guide
- Telephone book

Activities

Activity 1 Brainstorm with learners what kinds of phone numbers would be helpful in an emergency. Write their ideas on the blackboard, adding your own if necessary.

Activity 2 Divide learners into small groups. Distribute **Handout A** and a telephone book to each group. Ask learners to add any phone number categories not listed on the handout. Have learners take turns looking up emergency numbers in the phone book and filling them in on the handout.

Activity 3 Regroup the class as a whole. Be sure each group found all numbers and if not, share numbers with each other.

Family Literacy Activity Parents and children in a family literacy classroom can benefit from this lesson, which is an excellent opportunity to teach children how to use the telephone during an emergency. Children and parents can role–play an emergency in which children practice calling 911 or the operator and give their address.

Sample Lesson 3: Is Your Home Child–Proof?

Goal: To identify areas in the home that need additional safety attention.

Outcome Objective: Learners will be able to list what safety precautions they are already taking and what additional precautions they need to take to make their homes safer for their children.

Instructional Materials:

- **Handout B** included in this guide

Activities

Activity 1 Ask learners whether they feel their homes are safe for their children. Discuss how we often see simple things that we *could* and *should* take care of to be safer, but often put them off, thinking, "It won't happen to me."

Activity 2 Bring in samples of corner pads, cupboard locks, safety latches, and other child–proofing devices. Distribute **Handout B**, a checklist for child–proofing the home. Ask learners to check off things they have already done and circle things that need to be done and do them.

Activity 3 Regroup and discuss how easy or difficult it was to take care of potential hazards. Encourage learners to visit each other's homes and "grade" their safety precautions.

Sample Lesson 4: Day *Careful*

Goal: To be sure your child is safe in his/her day-care arrangement.

Outcome Objectives: Learners will be able to:

- ❑ Make necessary arrangements for child care.
- ❑ Ask pertinent safety–related questions of day–care providers.
- ❑ Know what types of food to leave for children in their absence.
- ❑ Look for safety hazards in a day–care facility.
- ❑ Watch for signs of abuse.

Instructional Materials:

- ◆ **Handouts C** and **D** included in this guide

Activities

Activity 1 Ask learners to put themselves in a child's position: *How would I feel being left with a stranger all day? Should I trust this person? Why? Will this person respond to my needs like Mommy or Daddy does?* Ask learners to make a list of all the things that are important for a child to feel comfortable and safe.

Activity 2 Distribute **Handout C**, a list of possible sources for day care, whether learners prefer an in–home or group setting. Discuss the pros and cons of both settings so that learners can make an informed decision about what's right for their circumstances.

Activity 3 Distribute **Handout D**, a checklist of what to look for and what to ask of possible day–care providers. Ask learners to add their own questions based on their lists from Activity 1.

Activity 4 Review the section on Child Sexual Abuse in the teacher's guide and facilitate a class discussion on watching for signs of abuse and talking to children about sexual abuse.

Sample Lesson 5: The Times of Your Child's Life

Goal: To make a "memory book" to keep track of special events in your child's life, including medical records.

Outcome Objectives: Learners will have a book to pass on to their children marking memorable times such as first word, first steps, favorite foods, etc. In addition, immunizations and other medical information will be documented.

Instructional Materials:

- Child's *Health Record* (see Resources section p.75) and/or **Handout E** included in this guide

Activities

Activity 1 Discuss the importance of documenting a child's medical records, especially vaccinations and childhood diseases, for admittance to school. Using either **Handout E**, or another health record, ask learners to fill in as much information as they can, and to obtain medical records from their health care providers to complete medical sections.

Activity 2 Tracking a child's development may be helpful should he/she have developmental difficulties in the future. Review some of the activities that children are usually able to do in different developmental stages (see pages 35-38). Encourage students to note if their children have difficulty doing the activities appropriate for their age. If so, students may want to talk with a health professional or other early intervention expert. Brainstorm ideas for who they can talk to and how to contact them.

Family Literacy Activity Children love to talk about themselves and what's important to them, such as their friends, favorite foods, etc. Parents and children can spend time together asking each other such questions and then filling out the section of **Handout E** that commemorates childhood birthdays. School–age children may also use this time to practice their printing skills. Encourage students, both adult and young, to include special memories, pictures, and mementos.

Sample Lesson 6: Feeling Safe Means . . .

Goal: To get in touch with feelings about safety and how much control we have over it.

Outcome Objective: Learners will write a letter, poem, or story for their children to help empower them and make them feel safe.

Instructional Materials:

- Pen/pencil, paper
- **Handout F** included in this guide

Activities

Activity 1 Ask learners to think about all that they want for their children: safety, health, confidence . . . If they could be with their children all the time, talking them through difficult times in their lives, what would they say? What advice would they give? What do they want their children to carry with them, to always remember?

Activity 2 Distribute **Handout F**, a sample letter from a parent to a child. Ask learners to write their own letters, poems, or stories to save for their children or to give them now so they actually have something to "carry" with them.

HANDOUT A

Emergency Phone Numbers

Ambulance _____ Paramedics _____

Doctor _____

Dentist _____

Emergency Room _____ Cardiac Unit _____

Poison Control Center _____

Pharmacy _____ Other _____

Insurance Co. _____ Policy # _____

Medicaid # _____

Fire Dept. _____

Police (local) _____ (state) _____

Water Co. _____ Electric Co. _____

Gas Co. _____ Telephone Co. _____

Taxicab (24 hrs. service) _____

Nearest relative _____ Phone _____

Nearest friend _____ Phone _____

Directions to your house (easy to read in an emergency)

_____

_____

Your name, phone #, and address _____

_____

Remember to dial 911 or the emergency number that's best for your situation. Tell the dispatcher or operator you have an emergency and give the correct address.

HANDOUT B

Childproofing Checklist

In the kitchen:

- ❑ All cords are kept away from the sink and stove.
- ❑ During cooking, pot handles are turned toward the back of the stove. Hot liquids (coffee cups!) are kept out of children's reach.
- ❑ Food treats or other items children want are not over the stove.
- ❑ Knives and sharp objects are out of children's reach.
- ❑ Cleaning supplies are stored away from food. They are out of children's reach or in cabinets with child safety latches or locks.
- ❑ Cleaners are in child–resistant packages and not moved to other containers. Nonfood items, such as cleaners or bleach, are never stored in food containers. Cleaning supplies are always put away when you're done with them.
- ❑ High chair is stable, with a wide base and a tray that locks.
- ❑ Direct, even lighting is over the stove, sink, and counters – especially where food is sliced and cut.
- ❑ The doors of unused refrigerators and freezers are taken off.
- ❑ For reaching high shelves, there is a stepstool with a handrail to hold.
- ❑ Loose clothes are never worn during cooking.

Fire safety:

- ❑ Your family has *at least two* emergency escape routes. You have fire drills so that you know how to leave the house quickly.
- ❑ Children know where they should meet outside if they smell smoke in the house.

- ❑ Children know how to feel doors for heat and how to cover their noses and mouths while crawling to avoid smoke. They know to never go back into a building that's on fire!
- ❑ Children sleep in flame–retardant sleepwear. The sleepwear is cared for correctly. There are no sashes or trim to trip on.
- ❑ Children know how to "stop, drop, and roll" if clothes catch on fire.
- ❑ Heaters, irons, or stoves are used correctly so that fires don't start. Adults iron clothes when young children are out of the room so that they don't pull the iron down on themselves.

- ❑ Matches and lighters are out of reach of children.
- ❑ Matches, lighters, and butts are thrown away properly.
- ❑ Ash trays are out of reach so children can't touch hot cigarettes or eat ashes.
- ❑ Space heaters are used according to local fire laws and according to the manufacturer's instructions.
- ❑ Small heaters and stoves are where they can't be tipped over. They are away from furnishings and flammable materials, such as curtains and rugs. Small children can not get to heaters.
- ❑ A working fire extinguisher is nearby. Children know how to use it.
- ❑ Towels, curtains, bedding, and other materials are away from heaters, stoves, and fireplaces.
- ❑ Extension cords are not used. Children may pull or chew on them, which can cause shocks or electrical fires.
- ❑ "Tot Finder" or "People Protector" stickers are in windows of bedrooms used by children, the elderly, or the handicapped.
- ❑ Chimneys are cleaned and inspected every year.
- ❑ Woodburning equipment is inspected regularly. It is kept away from small children.
- ❑ Children are not allowed to play with fireworks.

In the bathroom:

- ❑ The temperature of hot water is set at 110–120° F or lower.
- ❑ Hair dryers, shavers, curling irons and radios are never used near water, in sinks or tubs. They are unplugged when not in use.

- ❑ All medicines are clearly marked and stored in the containers they came in.
- ❑ All medicine bottles have child–resistant caps.
- ❑ Medicines and vitamins are out of children's reach, and are thrown away properly when outdated.
- ❑ When bathing, children are always watched by an adult.
- ❑ Bathtubs and showers have grab bars and nonskid mats.
- ❑ A light switch is near the bathroom door.

On the stairs:

- ❑ Gates are used at the top and bottom of stairs.
- ❑ Sturdy handrails are on both sides of the stairway from top to bottom of the stairway. Bannister slats should be 2 3/8 inches (or less) apart.

- ❑ Stairs are well lighted. There is a light switch at both the top and bottom of stairways.
- ❑ Steps are even and of the same size and height, with no loose carpeting.
- ❑ The edges of the steps are easy to see.
- ❑ Nothing is ever stored on the stairway, even for a minute or two.

In the bedroom:

- ❑ No one in the house *ever* smokes in bed!
- ❑ Fire sources, such as ash trays, smoking materials, heaters, hot plates, teapots, etc., are kept well away from beds and bedding.
- ❑ Electric blankets are not covered or folded. ("Tucking in" an electric blanket can cause heat buildup and start a fire.)
- ❑ Nightlights have covers so children don't burn themselves on hot bulbs.
- ❑ Lamps or light switches are within the reach of each bed.
- ❑ There is a telephone next to the bed.

In the nursery:

- ❑ The crib has slats 2 3/8 inches (or less) apart.
- ❑ The crib mattress fits snugly (no more than a two–finger gap between mattress and railing).
- ❑ The crib mattress is at the lowest so children can't climb out and fall. When children reach 35 inches tall, it's time to move to a youth bed that is low to the floor. Babies should sleep on firm, flat mattresses. They should not sleep on soft things like beanbag cushions, fluffy blankets, stuffed animals, pillows, waterbeds, and comforters.
- ❑ The toy chest has a light lid, no lid, or a safe closing hinge, so that children can't be trapped inside, their fingers won't get slammed, and so they won't be struck on the back of the head by the lid.
- ❑ Changing tables and other high surfaces (i.e., bed) have safety straps so that babies won't fall. (Never leave infants alone on a changing table, counter, bed, sofa, or chair.)
- ❑ Cribs are away from curtain cords or venetian blind cords so babies don't strangle.

Throughout the house:

- ❑ Emergency numbers are posted on or near each telephone.
- ❑ At least one telephone is where you could reach it if you are injured and can't stand.
- ❑ Poisons and medicines are locked up. The Poison Control Center's toll–free telephone number is posted near the telephone.
- ❑ All plants are out of children's reach. Some plants are very poisonous.
- ❑ There are no loose paint chips around the house.
- ❑ Anything that is painted is lead–free. If you aren't sure about your home, call your local health department to find out where you can have your paint tested. Have your paint tested before sanding, stripping, or scraping.

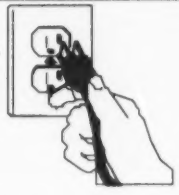
- ❑ Small items (such as safety pins, hard candy, coins, thimbles, marbles, camera batteries, buttons, toys with pieces smaller than 1 3/8 inches, etc.) and foods that could choke a child are out of reach. *One way to measure:* if small pieces can pass through a cardboard tube from a paper towel or toilet paper roll, they are too small and may choke a child.
- ❑ Pocketbooks with dangerous items, such as vitamins, birth control pills, cigarettes, matches and lighters, jewelry, and calculators (that have batteries children could eat) are out of children's reach.
- ❑ Knobs on cabinets or drawers are tight so children can't pull knobs off and put them into their mouth.

- ❑ Drawers and doors have safety locks so children can't get to stuff that may harm them.
- ❑ Sharp items, such as scissors, knives, letter openers, needles, pins, and toys with sharp edges, are out of reach of children. Razors are not left in the bathtub.
- ❑ Children are not allowed to play with plastic bags, plastic wrap, or unblown balloons — they may suffocate. Tie knots in plastic bags before throwing them away so children can't get them over their heads.
- ❑ Sharp or heavy tools are out of reach of children.

- ❑ Cords to blinds or curtains are tied up so children can't get caught and strangled.
- ❑ Glass tables are removed or covered with heavy pads so children can't bang on them and break them.
- ❑ Sharp edges and table corners are covered with padded strips or special guards.
- ❑ Chairs are pushed in so children don't climb.
- ❑ Gates are around fireplaces, woodstoves, radiators, heaters, and furnaces. Children are never left alone near a woodstove or fireplace.

- ❑ Bookcases and dressers are bolted to the wall so children can't pull them over. Drawers are pushed in so children can't climb in. Bookends or other heavy items are removed so that they don't fall on children.
- ❑ Access to windows is blocked, and windows have screens or window guards.
- ❑ All stairs, walls, railings, porches, and balconies are sturdy and in good repair.
- ❑ Doors don't have locks so children can't lock themselves in.
- ❑ Small rugs and runners are tacked down. Never put one at the top of the stairs.
- ❑ Loose linoleum or carpet are tacked down so children don't trip and fall.
- ❑ All high–traffic areas, such as hallways between rooms, are well lighted and free of stuff like furniture and boxes.
- ❑ To avoid tripping, floors are free of clutter. Spills are cleaned up right away to avoid slipping.

Electrical safety:

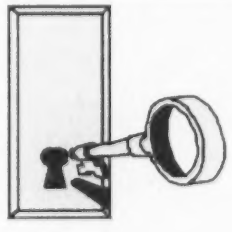


- ❑ All unused electrical outlets are covered with plastic "shock– stop" plugs.
- ❑ All outlets and switches have cover plates.
- ❑ All electrical and telephone cords are placed out of the flow of traffic.
- ❑ Cords do not run beneath furniture or rugs.
- ❑ Wiring is not nailed or stapled to walls or baseboards.
- ❑ Electrical cords are not frayed or cracked. Electrical cords are out of the reach of small children.
- ❑ Extension cords are never overloaded, and the wattage ratings of cords are correct for appliances.
- ❑ Ground Fault Interrupters (GFI) power strips are used instead of extension cords.

- ❑ Light bulbs are correct sizes and types for the lamps and fixtures.
- ❑ All light fixtures have bulbs in them.
- ❑ Electrical space heaters are properly grounded, and are connected directly to wall outlets.
- ❑ If fuses are used, they are always the correct size for the circuit.

59

Firearm safety:



- ❑ Guns are in locked drawers of cabinets; keys to the lock are out of children's reach.
- ❑ Guns are stored unloaded or taken apart.
- ❑ Ammunition is in a locked place away from guns.
- ❑ Users of guns take a firearm safety course.
- ❑ A trigger lock is used.

In the basement or garage:

- ❑ Areas where dangerous items are stored, like garages and basements, have locks or latches.
- ❑ Things like paints and cleaning solvents are tightly capped. They are stored away from and never used near furnaces and water heaters. *Gasoline is stored in an approved container, and is never stored in the home!*

- ❑ Power tools have guards and are properly grounded.
- ❑ Work areas are well lighted.
- ❑ Lights can be turned on without walking through a dark area.

Compiled with permission from:

Home Safe Home: A Home Safety Checklist (NYS Department of Health).
"Make Your Home a Safe Place" (Maine Statewide AHEC System).
The Safe, Self–Confident Child (New Readers Press).
What to Expect When You're Expecting (Eisenberg, Murkoff, & Hathaway).
What to Expect the First Year (Eisenberg, Murkoff, & Hathaway).

HANDOUT C

Finding Child Care[39]

There are many types of day care to pick from, each with its good points and its bad points. Here are some differences between day care at a person's home and group day care.

Home Day Care

- More comfortable, "homelike"
- Less children, more one–on–one care, and less risk of getting sick
- Flexible times
- Usually not licensed
- Sitter usually not formally trained
- Sitter may have different ideas on raising children than you
- If sitter is ill, there's no one else to take over
- No health codes for cleanliness
- Sometimes expensive for good in–home care

Group Day Care

- Organized programs designed for child's age, growth, and development
- Less one–on–one care
- More children and group play, but more risk of getting sick
- Must go at certain times
- Licensed; watched by state agencies
- Trained staff
- Other teachers availabe if one is ill
- Usually takes same holidays as public school
- Sometimes expensive

Picking a good day–care provider is very important. Here are some people and agencies that might be able to help you find good day care.

- ❑ Your health care provider
- ❑ Other parents
- ❑ Your church or spiritual advisor
- ❑ School teachers
- ❑ The Parents' League
- ❑ Nursing agencies and registries
- ❑ Baby–sitting services
- ❑ Your local hospital
- ❑ Newspapers
- ❑ Local 4–H clubs or Cornell Cooperative Extension
- ❑ College employment offices
- ❑ Senior citizen organizations
- ❑ Au pair or nanny organizations
- ❑ Social services agencies
- ❑ State regulatory agency
- ❑ American Academy of Pediatrics (send a self–addressed, stamped envelope to American Academy of Pediatrics, Dept. C, PO Box 927, Elk Grove Village, IL 60007)
- ❑ National Association for the Education of Young Children (NAEYC), 1509 16th Street NW, Washington DC, 20036–1826; (800) 424–2460

[39]Adapted and reproduced with permission from Eisenberg, et. al., *What to Expect the First Year*, p. 191–197.

HANDOUT D

Finding Child Care II: What to Look For[40]

When you're looking for group day care, be sure to check for these things:

- ❑ Licensing
- ❑ Staff that are trained, experienced, and healthy. The backgrounds of the staff should be checked out.
- ❑ A good adult–to–child ratio (one adult for every three babies)
- ❑ Groups that are not too large, so that the children are supervised and under control. Smaller groups also mean there is less chance to get sick.
- ❑ Separate age groups — babies under one year–old shouldn't be mixed in with toddlers
- ❑ A loving, nurturing atmosphere
- ❑ Staff that asks parents to be involved
- ❑ Child–rearing ideas like your own
- ❑ Quiet areas and enough time for naps
- ❑ Strict rules for health and being clean
- ❑ Strict safety rules
- ❑ Attention to what the children eat
- ❑ Reliable
- ❑ Staff likes children and gets along well with them

When picking a home day–care provider, ask questions like these:

- ❑ Why do you want this job?
- ❑ What experience have you had?
- ❑ Why did you leave your last job?
- ❑ What do you think a baby my child's age needs most?
- ❑ What kind of schedule will you have during the day?
- ❑ How do you see your role in my child's life?
- ❑ When my baby needs discipline, how will you handle it?
- ❑ If you have to drive my child somewhere, do you have a driver's license and feel comfortable driving?
- ❑ How long do you see yourself staying at this job?
- ❑ Do you have children of your own?
- ❑ Do you cook or do housework?
- ❑ Are you in good health? Are you a smoker?
- ❑ Have you had, or are you willing to take, CPR and baby first–aid training?

[40]Adapted and reproduced with permission from Eisenberg, et.al., *What to Expect the First Year*, p. 191–197.

HANDOUT E

Child Times

Directions: The next pages should be copied and distributed to learners to fill out. Learners may choose to make a booklet out of the pages, stapling them together. You may want to copy the pages titled *Baby's Health Record* five or six times depending on the needs of the student.

Child Times

The First Four Years in the Life of

_____

Baby's Full Name _____

Date of Birth _____

Time _____

Place _____

Weight _____

Length _____

Hair Color _____

Eye Color _____

Person Delivering _____

Type of Feeding _____

Notes _____

_____

_____

_____

_____

Baby's Health Record

Date _____ Age _____

Weight _____ lbs. _____ oz. Height _____ inches

Instructions: _____

_____

_____

_____

_____

Questions: _____

_____

_____

_____

_____

Next Appointment: _____

(Date) (Time)

Baby's Health Record

Date _____ Age _____

Weight _____ lbs. _____ oz. Height _____ inches

Instructions: _____

_____

_____

_____

_____

Questions: _____

_____

_____

_____

_____

Next Appointment: _____

(Date) (Time)

Baby's Health Record

Child's Name:

Immunizations	Date	Dose	Health Prof.

Tests	Date	Result	Health Prof.

Baby's Health Record

Child's Name:

Immunizations	Date	Dose	Health Prof.

Tests	Date	Result	Health Prof.

Baby's Big "Firsts"

First Smile: _____

Date _____

Place _____

First Tooth: _____

Date _____

Place _____

First Rolled Over: _____

Date _____

Place _____

First Stood Up: _____

Date _____

Place _____

First Slept Through the Night: _____

Date _____

Place _____

First Steps: _____

Date _____

Place _____

First Sat Up: _____

Date _____

Place _____

First Word: _____

Date _____

Place _____

First Crawled: _____

Date _____

Place _____

First Solid Food: _____

Date _____

Place _____

Baby's First Birthday: What It's Like to be One!

Height _____ Weight _____

We celebrated by _____

Who helped us celebrate? _____

What did we eat? _____

What was the best part of the day? _____

Favorite gift _____

Favorite stories _____

Favorite songs _____ _____

Favorite toys _____

Favorite things to do _____

Favorite foods _____

Best friends _____

Baby's Second Birthday: What It's Like to be Two!

Height _____ Weight _____

We celebrated by _____

Who helped us celebrate? _____

What did we eat? _____

What was the best part of the day? _____

Favorite gift _____

Favorite stories _____

Favorite songs _____

Favorite toys _____

Favorite things to do _____

Favorite foods _____

Best friends _____

Baby's Third Birthday: What It's Like to be Three!

Height _____ Weight _____

We celebrated by _____

Who helped us celebrate? _____

What did we eat? _____

What was the best part of the day? _____

Favorite gift _____

Favorite stories _____

Favorite songs _____

Favorite toys _____

Favorite things to do _____

Favorite foods _____

Best friends _____

Baby's Fourth Birthday: What It's Like to be Four!

Height _____ Weight _____

We celebrated by _____

Who helped us celebrate? _____

What did we eat? _____

What was the best part of the day? _____

Favorite gift _____

Favorite stories _____

Favorite songs _____

Favorite toys _____

Favorite things to do _____

Favorite foods _____

Best friends _____

HANDOUT F

Sample Letter

December 1, 1995

Dear Clark,

I want you to have the best things in life. I want you to be healthy and sure of yourself. Most of all, I want you to be safe.

You can feel safe in lots of ways. Being safe means knowing how to keep from being sick or hurt. Being safe also means never having your feelings hurt. I wish I could always fix things for you so you don't feel bad or sad. I think there's a third kind of safety, too. Feeling safe in your mind means that you are sure of yourself and do not worry about things you can't control.

Since you were first born, you have known exactly what you wanted. You've always gone after what you've wanted. Your self–confidence will help you be and do all that you need to in life. If you do your best to reach your goals, you are a success. "Success" isn't what Daddy and I want or what the world wants, but what you want.

You must learn to run your own life and keep your own self safe. No matter what happens in your life, remember that what you do with it is what counts.

I love you,

Mommy

CHILD SAFETY RESOURCES

Toll–free Numbers

AIDS Hotline 1–800–541–AIDS
Alcoholism 1–800–ALCALLS
Child Abuse (English/Spanish) . 1–800–342–3720
Children's Issues/New York Parents 1–800–345–KIDS
Drug Abuse. 1–800–522–5353
Growing Up Healthy 24–Hour Hotline 1–800–522–5006
Maternity Care 1–800–592–4357
Missing Children Hotline. 1–800–FINDKID
Nutrition Information (English/Spanish) 1–800–342–3009
Runaways (English/Spanish). . . 1–800–231–6946
Sudden Infant Death Syndrome Hotline 1–800–336–SIDS
WIC: Women, Infants & Children Food Program 1–800–525–2521

Agencies

Cooperative Extension (nutrition, consumerism)*
American Red Cross (first aid, baby–sitting classes)*
NYS Department of Health (disability prevention, child–proofing, safety): (518) 474–2121
Injury Control Department: (518) 473–1143

Brochures, Pamphlets, and Books

Available from the New York State Department of Health:

Boy's Health Record (hand–held size)
Girl's Health Record (hand–held size)
Early Help Makes A Difference (developmental indicators)
Talk To Me: Growing Up Begins At Home (adolescent sexuality)
You Have A Lot To Lose: How To Prevent Injuries to Children Aged 5 – 9
You Have A Lot To Lose: How To Prevent Injuries to Children Under Age 5
Home Safe Home: A Home Safety Checklist

Available from New Reader's Press (Syracuse, NY 1–800–448–8878):

Your Home is a Learning Place by Pamela Weinberg
A "how–to" for parenting young children as well as an excellent resource for family literacy practitioners.

The Safe, Self–Confident Child (part of the For Your Information Series), 1994.
Specifically written for adult new readers. Discusses issues affecting anyone who wishes to raise children to be independent.

*Consult your telephone directory for the office nearest you.

BIBLIOGRAPHY

American Red Cross. *Community First Aid & Safety*. St. Louis, MO: Mosby–Year Book, Inc., 1993.

Association of SIDS Program Professionals. *Infant Sleep Positioning and SIDS: Counseling Implications*. Boston, MA: Massachusetts Center for SIDS, Boston City Hospital, 1994.

Blue Ridge Poison Center. *For Kids' Sake*, Vol. 9, No. 2. Charlottesville, VA: Blue Ridge Poison Center, Summer 1991.

Centers for Disease Control, Department of Health and Human Services, Public Health Service. "Diptheria, Tetanus, and Pertussis: What You Need to Know," *Vaccine Information Pamphlet*, 1991.

_____. "Important Information about Haemophilus Influenzae Type b Disease and Haemophilus b Conjugate Vaccine," *Vaccine Information Pamphlet*, 1991.

_____. "Important Information About Hepatitis B, Hepatitis B Vaccine, and Hepatitis B Immune Globulin," *Vaccine Information Pamphlet*, 1991.

_____. "Measles, Mumps, and Rubella: What You Need to Know," *Vaccine Information Pamphlet*, 1991.

_____. "Polio: What You Need to Know," *Vaccine Information Pamphlet*, 1991.

Eisenberg, Arlene, Murkoff, Heidi E., & Hathaway, Sandee E. *What to Expect The First Year*. New York: Workman Publishing Company, Inc., 1989.

Eisenberg, Murkoff, & Hathaway. *What to Expect The Toddler Years*. New York: Workman Publishing Company, Inc., 1994.

_____. *What to Expect When You're Expecting* (Revised and Expanded Second Edition). New York: Workman Publishing Company, 1991.

Hudson River Center for Program Development, Inc., *Alcohol and Other Drugs: Realities for You and Your Family*. Albany, NY: University of the State of New York, Office of Workforce Preparation and Continuing Education, 1995.

_____. *First Aid: Helping Yourself, Helping Others*. Albany, NY: The University of the State of New York, Bureau of Continuing Education Program Development, 1992.

_____. *Nutrition: Eating for Better Health*. Albany, NY: The University of the State of New York, Bureau of Continuing Education Program Development, 1992.

_____. *Sexual Abuse: Facts for Discussion, Prevention, and Management*. Albany, NY: The University of the State of New York, Bureau of Continuing Education Program Development, 1992.

Lloyd, Petula R. "Playing It Safe," *Utica Observer–Dispatch Sunday*, July 3, 1994, p. 1E.

BEST COPY AVAILABLE

Maine Statewide AHEC System. *Cars Can Kill.* Augusta, ME: University of New England, and Bingham Program in cooperation with Maine DHHS, Division of Maternal and Child Health, June 1992.

_____. *Fever in Children Ages 2 and Up.* Augusta, ME: University of New England, and Bingham Program in cooperation with Sheepscot Valley Health Center, Kennebec Valley Regional Health Agency, June 1992.

_____. *Head Lice — What Do You Do?* Augusta, ME: University of New England, and Bingham Program in cooperation with Southern Kennebec Child Development Corporation, June 1992.

_____. *Make Your Home a Safe Place.* Augusta, ME: University of New England, and Bingham Program in cooperation with Family Practice Residency Program, Eastern Maine Medical Center, June 1992.

_____. *My Baby is Sick. What Should I Do?* Augusta, ME: University of New England, and Bingham Program in cooperation with Sheepscot Valley Health Center, Kennebec Valley Regional Health Agency, November 1992.

_____. *Protect Yourself from AIDS — Use Safer Sex.* Augusta, ME: University of New England, and Bingham Program in cooperation with the Family Planning Association of Maine, September 1992.

_____. *Safety Rules for Parents of Young Bike Riders.* Augusta, ME: University of New England and Katahdin AHEC in cooperation with Maine Department of Human Services, Division of Maternal & Child Health, February 1991.

_____. *Second–Hand Smoke Can Hurt You.* Augusta, ME: University of New England and Katahdin AHEC in cooperation with the American Lung Association of Maine, May 1991.

_____. *Take Care of Yourself . . . to avoid STD.* Augusta, ME: University of New England and Katahdin AHEC in cooperation with Penquis Family Planning, May 1991.

_____. *Taking Care of Your Baby's Teeth.* Augusta, ME: University of New England and Katahdin AHEC in cooperation with DHS, Division of Dental Health, May 1991.

_____. *The Stress Mess.* Augusta, ME: University of New England, and Bingham Program in cooperation with Wellness Works, Maine Municipal Association, June 1992.

_____. *Using Child Safety Seats the Right Way.* Augusta, ME: University of New England and Katahdin AHEC, Maine Department of Human Services, Division of Maternal & Child Health Services, January 1991.

_____. *Who Should Get the AIDS Test?* Augusta, ME: University of New England and Katahdin AHEC in cooperation with Maine Office on AIDS, May 1991.

Mooar, Brian. "Child Seats Don't Save Every Life," *Albany Times Union.* December 16, 1994, p. A5.

New Readers Press. *The Safe, Self–Confident Child.* Syracuse, NY: New Readers Press, Publishing Division of Laubach Literacy International, 1994.

New York State Department of Health. *Early Help Makes A Difference.* Albany, NY: New York State Department of Health, January 1994.

_____. *Having a Baby.* Albany, NY: New York State Department of Health, July 1992.

_____. *Home Safe Home: A Home Safety Checklist.* Albany, NY: New York State Department of Health, July 1993.

_____. *If You Have Children, GET AHEAD OF LEAD!* Albany, NY: New York State Department of Health, October 1993.

_____. *If You're Pregnant, GET AHEAD OF LEAD!* Albany, NY: New York State Department of Health, October 1993.

_____. *"Talk To Me." Growing Up Begins At Home.* Albany, NY: New York State Department of Health, February 1994.

_____. *You Have A Lot To Lose: How To Prevent Injuries to Children Aged 5–9.* Albany, NY: New York State Department of Health, October 1993.

_____. *You Have A Lot To Lose: How To Prevent Injuries to Children Under Age 5.* Albany, NY: New York State Department of Health, October 1993.

_____. *Your Guide to a Healthy Pregnancy.* Albany, NY: New York State Department of Health, May 1990.

New York State Department of Health, Injury Control Program. *Injury Prevention: Burns Due to Flames.* Albany, NY: New York State Department of Health, 1992.

_____. *Injury Prevention: Burns Due to Hot Liquids.* Albany, NY: New York State Department of Health, 1993.

_____. *Injury Prevention: Child Safety Seats.* Albany, NY: New York State Department of Health, 1991.

_____. *Injury Prevention: Playground Safety.* Albany, NY: New York State Department of Health, 1993.

_____. *Injury Prevention: Poisoning.* Albany, NY: New York State Department of Health, 1993.

New York State Division of Alcoholism and Alcohol Abuse. *Alcohol Facts: Young People.* Albany, NY: New York State Division of Alcoholism and Alcohol Abuse, 1991.

_____. *Alcohol: Some Thoughts for Parents.* Albany, NY: New York State Division of Alcoholism & Alcohol Abuse, 1992.

Schwebel, Robert, Ph.D. *Saying No is Not Enough: Raising Children Who Make Wise Decisions About Drugs and Alcohol.* New York: Newmarket, 1989.

Smith, Barbara E., Ed.D. *HIV Education for Adult Literacy Students: A Guide for Teachers.* Albany, NY: The University of the State of New York, Bureau of Continuing Education Program Development, 1990.

THINK FIRST of New York, Inc. *Partnerships in Prevention*. Schenectady, NY: THINK FIRST of New York, Inc., 1986.

Thompson, R.S., M.D., Rivara, F.P., M.D., M.P.H., and Thompson, Diane, M.S. "A Case Control Study of the Effectiveness of Bicycle Safety Helmets," *The New England Journal of Medicine*. May 25, 1989, 320 (21), 1361–1367.

Youcha, Geraldine, and Seixas, Judith S. *Drugs, Alcohol and Your Children: How to Keep Your Family Substance–Free*. New York: Crown Publishers, Inc., 1989.

APPENDIX A

Regional Poison Control Centers

POISON CONTROL CENTER	SERVICE AREA COUNTIES		
New York City Poison Control Center New York City Department of Health 455 First Avenue, Room 123 New York, NY 10016 **(212) POISONS** **(212) 340 – 4494**	Bronx Kings New York Queens Richmond		
Long Island Poison Control Center Winthrop–University Hospital 259 First Street Mineola, NY 11501 **(516) 542 – 2323**	Nassau Suffolk		
Western NY Poison Control Center Children's Hospital of Buffalo 219 Bryant Street Buffalo, NY 14222 **(800) 888 – 7655** **(716) 878 – 7654**	Allegany Cattaraugus Chautauqua Erie	Genesee Niagara Orleans Wyoming	
Finger Lakes Poison Control Center University of Rochester Medical Center 601 Elmwood Avenue Box 321 Rochester, NY 14642 **(800) 333 – 0542** **(716) 275 – 5151**	Chemung Livingston Monroe Ontario Schuyler	Seneca Steuben Wayne Yates	
Central New York Poison Control Center University Hospital SUNY Health Science Center 750 East Adams Street Syracuse, NY 13210 **(800) 252 – 5655** **(315) 476 – 4766**	Broome Cayuga Chenango Cortland Herkimer	Jefferson Lewis Madison Oneida Onondaga	Oswego St. Lawrence Tioga Tompkins
Hudson Valley Poison Control Center Phelps Memorial Hospital Center 701 North Broadway North Tarrytown, NY 10591 **(800) 336 – 6997** **(914) 366 – 3030**	Albany Clinton Columbia Delaware Dutchess Essex Franklin Fulton	Greene Hamilton Montgomery Orange Otsego Putnam Rensselaer Rockland	Saratoga Schenectady Schoharie Sullivan Washington Warren Ulster Westchester